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COUNTY BOROUGH OF DUDLEY

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH
PRINCIPAL SCHOOL MEDICAL OFFICER

AND

CHIEF WELFARE OFFICER

R. M. ROSS, M.B., CH.B., D.P.H.

AND OF THE

CHIEF PUBLIC HEALTH INSPECTOR

W. PARKER, M.R.S.H., M.A.P.H.I.

FOR THE YEAR

1957





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СОВЕТСКАЯ СЕВЕРНАЯ АВИАЦИЯ

ГЛЮКСЯ ЛАУИНДА

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СОВЕТСКАЯ АВИАЦИЯ

CONSTITUTION OF COMMITTEES AS AT 31st DECEMBER, 1957

HEALTH COMMITTEE

Alderman Dr. F. G. Lewis (Chairman)

Councillor F. T. Webb (Vice-Chairman)

The Mayor	Councillor C. Homer
The Deputy Mayor	Councillor J. T. Lloyd
Alderman T. E. Bennett	Councillor C. N. Preedy
Councillor C. Baker	Councillor W.H.W. Poulton
Councillor Mrs. R. Davies	Councillor J. J. Virr
Councillor J. Glazebrook	Councillor Mrs. R. E. Wakeman
Councillor H. J. Hedge	

(Members of the Council)

Dr. J. Macdonald)	Appointed by Dudley Executive Council
Mr. S. Rowley		
Mrs. D. Chambers		

Dr. D. L. Little Appointed by Local Medical Committee

Mrs. E. E. Williams Appointed by Local Hospital Management Committee

Mrs. Duesbury Mrs. Messiter

(Co-opted Members)

WELFARE COMMITTEE

Councillor C. N. Preedy (Chairman)

Councillor Dr. J.H. Haldane (Vice-Chairman)

The Mayor	Councillor F. G. Hurrell
The Deputy Mayor	Councillor J. A. Price
Alderman Dr. F.G. Lewis	Councillor Mrs. R. E. Wakeman
Alderman G. B. Norton	Councillor A. E. Ward
Councillor G.W.A. Griffiths	

(Members of the Council)

Mrs. Butler	Mrs. Robotham
Mrs. Duesbury	Mrs. Shipway
Mrs. Moore	Rev. B. H. Butt

(Co-opted Members)

EDUCATION COMMITTEE

Alderman J. L. Hillman (Chairman)

Alderman Dr. F.G. Lewis (Vice-Chairman)

The Mayor	Councillor Dr. J.H. Haldane
The Deputy Mayor	Councillor H. J. Hedge
Alderman T. E. Bennett	Councillor Mrs. S. Norton
Alderman R. Little	Councillor C. N. Preedy
Alderman J. H. Molynieux	Councillor H. Vanes
Alderman J. C. Price	Councillor A. E. Ward
Councillor Mrs. R. Davies	Councillor F. J. Williams

(Members of the Council)

Mrs. D. Little	Mr. H. Baker
Rev. J. J. Davies	Mr. H. H. Cartwright
Rev. P. J. Quilty	Mr. N. H. Davis
Rev. R. C. Stevens	

(Co-opted Members)

SCHOOL MANAGEMENT AND MEDICAL SUB-COMMITTEE

Alderman Dr. F. G. Lewis (Chairman)

The Mayor	Councillor H. J. Hedge
The Deputy Mayor	Councillor F. J. Williams
Alderman T. E. Bennett	Councillor H. Vanes
Alderman J. C. Price	Councillor Mrs. S. Norton
Councillor Mrs. R. Davies	Councillor C. N. Preedy

(Members of the Council)

Rev. J. J. Davies	Mr. H. Baker
Rev. P. J. Quilty	Mr. H. H. Davis
Rev. R. C. Stevens	

(Co-opted Members)

The Mayor, Aldermen and Councillors
of the County Borough of Dudley.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present the Annual Report for the year 1957.

In most respects Dudley's health experience in 1957 continued to show a satisfactory improvement. Even a slight increase in the death rate over recent years can be regarded as evidence for this claim, since it reflects the increasing proportion of people reaching a ripe old age, where the mortality rate is naturally higher. Infant losses and still births showed a combined total lower than ever before, though they were still above the national average. The birth rate continued at a relatively low level, though the age constitution of Dudley's population is favourable to a more rapid rate of increase. This probably reflects the high proportion of young married couples compelled by the housing shortage and lengthy waiting list for Council houses to live with their relatives or in rooms.

There were extensive, but mild, epidemics of measles and influenza; otherwise the incidence of acute infectious disease was low. Cases of pulmonary tuberculosis, and deaths from this cause, failed to show the decline of recent years. Further advance towards the elimination of this disease is held up largely because of the inadequate use by the older age groups of Mass Radiography facilities, on which we must rely for detection of the unsuspected sources of spread of this infection.

Vaccination against poliomyelitis made a very slow start, the proportion of acceptances being very low in Dudley compared with the response in neighbouring areas and in the country as a whole. Dudley's relative freedom from this disease since the epidemic of 1950 no doubt in part explains this lack of interest, but this good fortune is itself an urgent reason for parents to seek protection for their children, since thousands of children, born since, have not had the opportunity to develop natural resistance to the disease.

In mental health, 1957 saw the Report of the Royal Commission which foreshadows extensive new commitments for Local Health Authorities in the care of patients in the community. Much has already been done under existing legislation to bring into line the treatment of these patients with that accorded to other illnesses. In view of the greatly increased responsibilities contemplated for Local Health Authorities, we must hope for a vigorous national policy directed towards greatly increasing the supply of trained mental health workers. On the local level, an industrial section was added to the Occupation Centre to cater for the needs of older boys, and it is hoped shortly to set up a laundry unit for the training and profitable employment of the older girls.

Like that other decisive long term factor in the reduction of avoidable sickness and disability-rehousing and relief of overcrowding - the Clean Air Campaign progressed disappointingly slowly in 1957. The Council confirmed its earlier intention to designate the new Russell's Hall Estate a Smoke Controlled Area, and a proposal was considered in respect of another substantial sector extending from the town centre. Apart from other considerations, the indirect cost of atmospheric pollution in this country is enormous, and would make the immediate expense involved in adaptations a very rewarding investment.

In conclusion, I wish to thank Members of the Council, and in particular of the Health and Welfare Committees, for their support and encouragement, and all members of the Health and Welfare Departments for their enthusiastic and efficient discharge of their duties. I am grateful to all other Officials of the Council for their help and co-operation, and in particular to Mr. Parker, Chief Public Health

Inspector, and Mr. Parsons, Administrative Assistant; and to the General Practitioners, Hospital Authorities, Voluntary Organisations, and the Press, for the co-operation and consideration I have always received.

I am,

Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

R. M. ROSS,

Medical Officer of Health.

SECTION A - VITAL STATISTICS

Summary

Population - Registrar General's estimate, 1957				64,570
Rateable Value (at 1st April, 1958)				£697,454
Estimated Product of 1d. Rate (1957/58)				£2,805
Livebirths:	M.	F.	Total	
Legitimate	473	473	946) Rate per 1,000 population
Illegitimate	19	15	34) Corrected for age and sex
				National Rate
Stillbirths:				
Legitimate	14	9	23) Rate per 1,000 births
Illegitimate	1	1	2) National Rate
Deaths	364	256	620	Rate per 1,000 population
				Corrected for age and sex
				National Rate
Infant Deaths	17	8	25	Rate per 1,000 live births
				National Rate
Deaths under four weeks	13	6	19	Rate per 1,000 live births
				National Rate
Maternal Deaths	-	-	-	Rate per 1,000 births
				-

Deaths from all Causes

Table I

<u>Cause of Death</u>	M.	F.	Total
1. Tuberculosis of Respiratory System	7	2	9
2. Other forms of Tuberculosis	1	-	1
3. Syphilitic Diseases	-	-	-
4. Diphtheria	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal Infections	1	-	1
7. Acute Poliomyelitis	-	-	-
8. Measles	-	-	-
9. Other Infective and Parasitic Diseases	1	1	2
10. Malignant Neoplasm, Stomach	11	9	20
11. Malignant Neoplasm, Lungs, Bronchus	23	1	24
12. Malignant Neoplasm, Breast	-	10	10
13. Malignant Neoplasm, Uterus	-	2	2
14. Other Malignant and Lymphatic Neoplasms	37	25	62
15. Leukaemia	2	2	4
16. Diabetes	1	2	3
17. Vascular Lesions of Nervous System	36	40	76
18. Coronary Disease, Angina	42	23	65
19. Hypertension with Heart Disease	12	7	19
20. Other Heart Diseases	46	50	96
21. Other Circulatory Disease	18	10	28
22. Influenza	5	3	8
23. Pneumonia	17	8	25
24. Bronchitis	37	18	55
25. Other Diseases of Respiratory System	6	1	7
26. Ulcer of Stomach and Duodenum	11	3	14
27. Gastritis, Enteritis and Diarrhoea	-	2	2
28. Nephritis and Nephrosis	4	5	9
29. Hyperplasia of Prostate	6	-	6
30. Pregnancy, Childbirth, Abortion	-	-	-
31. Congenital Malformations	3	4	7
32. Other defined and ill-defined diseases	22	16	38

	M.	F.	Total
33. Motor Vehicle Accidents	5	3	8
34. All other Accidents	5	5	10
35. Suicide	5	4	9
36. Homicide and Operations of War	-	-	-
	<u>364</u>	<u>256</u>	<u>620</u>

Infant Mortality

Infant deaths showed a further reduction, but as the national figures also continued to improve, there was still a 10% excess in Dudley. Three quarters took place under the age of one month. The causes of death were as follows:-

Respiratory Infections	8
Prematurity	9
Congenital Malformations	6
Others	2

Respiratory infections accounted for one third, and this again stresses the need to shield infants as far as possible from even mild infections of the nose and throat in older members of the family. The other main causes, together with stillbirth, have recently been the subject of a national survey and one must hope that factors will be revealed which can readily be controlled. Stillbirths decreased by 20% but, like all the above figures, the numbers involved are too small to be free from statistical fallacy, and to permit of valid deductions being made.

Death Rate

In common with similar industrial towns, Dudley's mortality was higher than the national average; 12.5, as compared with 11.5, per 1,000 population. The Clean Air Campaign, somewhat slowly getting under way, may prove in the long term the main factor in reducing this discrepancy. The most rapidly increasing cause of death is, of course, cancer of the lung, where the connection with smoking, particularly heavy cigarette smoking, has been established beyond all reasonable doubt. Deaths from this cause have trebled in Dudley since 1950 and over 90% have been among men. Apart from general propaganda by poster, etc., a special effort has been made to influence the attitude of senior school children and to counter the appeal of smoking as a badge of adult status. With this age group emphasis is laid on general health and fitness as much as on a risk which may seem remote. The routine medical examination of school leavers gives the School Medical Officer and School Nurse an opportunity for personal persuasion which, one hopes, will be more effective than the large scale propaganda techniques to which we may all be becoming increasingly resistant.

Accidents

The very obvious increase in motor traffic in Dudley was reflected in the increase in fatal accidents from this source, but other types of accidents, among which the domestic is by far the most important, again showed a 30% reduction on the incidence of 5 - 10 years ago. There is still ample scope for a further reduction in this needless loss of life, particularly by advice and effective action in households containing the very young and the elderly, who are principally at risk.

SECTION B - INFECTIOUS DISEASE

The following table shows the incidence of notifiable infectious diseases during 1957. Apart from epidemics of measles and influenza, prevalence of such infections was unusually low.

	Numbers originally notified		Final numbers after correction	
	M.	F.	M.	F.
Scarlet Fever	11	12	11	11
Diphtheria	-	-	-	-
Whooping Cough	7	15	7	15
Measles	471	436	471	436
Pneumonia	13	5	13	5
Enteric or Typhoid Fever	-	-	-	-
Erysipelas	1	1	1	1
Dysentery	2	2	1	2
Puerperal Pyrexia	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-
Anterior Poliomyelitis:				
Paralytic	-	1	-	1
Non-Paralytic	1	1	-	-
Meningococcal Infection	-	1	-	1
Food Poisoning	1	-	1	-

Influenza affected a substantial proportion of the population in the early Autumn, appearing earliest among, and most heavily affecting, children of school age. School absenteeism and National Insurance sickness claims were high for a few weeks, but the relative mildness of the infection is shown by the fact that the 1957 deaths from both influenza and pneumonia scarcely exceeded the figures of recent years. Measles, though widespread among recent school entrants and younger children in their families, provided only six hospital admissions and no deaths; its once dreaded complications have largely been controlled by modern drugs.

Tuberculosis

Of recent years we have come to expect a steady reduction in both incidence of, and deaths from, pulmonary tuberculosis. The fact that both these trends were slightly reversed in 1957 will serve as a salutary shock to our complacency and a reminder that the reservoir of undiscovered infectious cases in the community is still formidable. The increase in notified cases among children is largely due to their being ascertained at an early stage, among the contacts of newly diagnosed adult cases. The excess of males in the first half of adult life when, until quite recently, women were notoriously more susceptible, is perhaps merely a freak result. It might, however, also be taken as a further indication that the main source of undiagnosed infectious cases lies among middle aged and elderly males, who spread the disease all unwittingly to younger workmates. This suspicion makes the poor turn out on the occasion of the Mass Radiography Unit's visits to factories all the more disappointing. Wherever the main source of infection may be, children certainly seem to be postponing their first contact with the disease. Skin testing of school children has shown a steadily declining proportion with evidence of past infection, and in 1957 only 2.2% at five years and 17% at thirteen years gave positive results.

At routine sessions, the Mass Radiography Unit found 65 active cases among 6,730 examined. No less than 57 of these were referred by their family doctors. These figures, of course, include the area outside Dudley served by the Unit. In a public survey of Dudley, the response by the general public and factory employees was disappointing. In spite of its being timed for the summer months and, in addition to factory visits, using eight sites well dispersed throughout the town, only 3,410 attended, yielding six active cases (1.76 per thousand compared with 14 per thousand referred by general practitioners). Many of those attending such public sessions are familiar to the Unit's personnel as "regulars", and those not previously X-rayed are not coming forward. These results justify the Unit's new policy

of concentrating on regular fortnightly sessions at the Priory Road Headquarters, since the large scale survey gives such scanty results for the considerable time, effort, and organisation involved. I have to thank Dr. Posner and her staff for their ready co-operation and assistance, particularly in arranging special sessions for expectant mothers, school-leavers, and other groups; also Dr. Macdonald and his Chest Clinic staff for unfailing guidance and help; and the Housing Tenancy Sub-Committee for their sympathetic consideration and assistance in cases of special housing difficulty.

The number of persons on the register at 31st December, 1957 was:

Pulmonary - 536; Non-Pulmonary - 62; Total - 598.

The number of notifications and deaths from Pulmonary and Non-Pulmonary Tuberculosis according to age groups is set out below.

Age Groups	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	-	1	-	-	-	-	-	-
1 - 5 years	4	6	-	1	-	-	-	-
5 - 15 years	2	2	-	1	-	-	-	-
15 - 45 years	25	15	-	-	1	1	1	-
45 - 65 years	10	1	1	-	5	1	-	-
Over 65 years	-	-	-	-	1	-	-	-
Total - all ages	41	25	1	2	7	2	1	-

Public Health Laboratory

The Birmingham Laboratory was of great assistance to the Health Department in the investigation of all types of infectious disease.

Food Poisoning

Total number of outbreaks	-
Total number of cases	1
Total number of deaths	-

Venereal Disease

Treatment of Venereal Disease is under the direction of the Hospital Management Committee, and the following is a summary of the services rendered at the Treatment Centre during the year.

Cases dealt with for first time during year:

	Dudley	Worcs.	Staffs.	Brom.	Wcst hampton	Wolver- hampton	R'ham	Total
Syphilis	5	2	9	1	2	-	-	19
Soft Chancre	-	-	-	-	-	-	-	-
Gonorrhoea	17	4	33	4	6	2	6	66
Non-Venereal and undiagnosed con- ditions	59	27	106	6	12	6	216	
Total	81	33	148	11	20	8	301	

Syphilis	Gonorrhoea	Other Conditions	Total
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Total number of attendances of all patients	3,541	736	1,694	5,971
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Cases who ceased to attend before completion of treatment, showing condition on first attendance

S Y P H I L I S						G O N O R R H O E A	
Primary	Secondary	Latent in 1st year of infection	All later stages	Con-genital			
M.	F.	M.	F.	M.	F.	M.	F.
-	-	-	-	5	5	-	-

Pathological Work

No. of specimens examined at V.D. Clinic	MICROSCOPICAL		
	Syphilis	Gonorrhoea	
		107	696
SERUM			
No. of specimens examined at an approved laboratory			
	Syphilis	Gonorrhoea	Cerebro-spinal fluid
	2,323	537	5

SERVICES IN 1957

The following clinic sessions are conducted in the Borough:

TREATMENT CENTRES AND CLINICS

Infant Welfare sessions are held each week as follows:

Central Clinic, Hall Street, Dudley, on Tuesday and Friday afternoons.
Netherton Clinic, Brewster Street, on Tuesday and Friday afternoons.
Holly Hall Clinic, Stourbridge Road, on Monday afternoons.
Priory Clinic, Cedar Road, on Tuesday and Thursday afternoons.
Dudley Wood Clinic, on Monday and Friday afternoons.

Ante-natal Clinics are held each week as follows:

Central Clinic on Thursday afternoon.
Priory Clinic on Wednesday afternoon.
Holly Hall Clinic on Thursday afternoon.
Dudley Wood Clinic on Wednesday afternoon.

Minor Ailment Clinics are held each week-day morning as follows:

Central Clinic
Netherton Clinic
Priory Clinic
Holly Hall Clinic
Dudley Wood Clinic

Ear, Nose and Throat Clinic on Saturday morning.

Ophthalmic Clinics on Wednesday morning and afternoon and Thursday morning.

Physiotherapy Clinics daily.

Artificial Sunlight Clinics on Monday, Wednesday and Thursday.

Orthopaedic Clinic on Friday.

Dental Clinics are held at the Central, Dudley Wood, Priory and Holly Hall Clinics.

Child Guidance Clinic on Monday morning.

Obstetric Clinic once monthly on Monday.

Care of Mothers and Young Children

Maternity Clinics

Child Welfare Clinics

There have been satisfactory attendances at both Maternity and Child Welfare sessions; the following table shows attendances as compared with 1956.

	Expectant Mothers attending		Total Attendances	
	1957	1956	1957	1956
(a) Ante-natal	859	649	1,147	1,519
(b) Post-natal	14	19	14	19
(c) Child Welfare:				
Children under 1 year			10,742	9,794
Children between 1 and 5 years			6,500	6,114
			<u>17,242</u>	<u>15,908</u>

The proportion of expectant mothers attending ante-natal clinics on one occasion only is high, since many family doctors use the facilities offered by the clinic for blood testing, while otherwise undertaking full supervision of their patients. In response to an initiative from the Ministry of Health, medical meetings were held locally to discuss ante-natal care, particularly in relation to toxæmia of pregnancy. The standards of care recommended by the Ministry and agreed by local representatives were almost identical with those practised for some years by this Authority, whose scheme was initially modelled, it must be gratefully acknowledged, on that worked out by Wolverhampton.

Attendances at child welfare clinics increased, but the response from mothers of the older pre-school children is still disappointing. The large incidence of preventable defects found at school entry examinations, indicates that more can and should be done for this age group. Periodical checks by clinic and family doctors would provide opportunities for earlier remedial action.

I would like to take this opportunity of expressing my thanks to the ladies of the Voluntary Committees at Clinics for the services they have given to the mothers and children during the year.

Dental

REPORT OF THE CHIEF DENTAL OFFICER

"During the year under consideration there was a gratifying increase in the amount of work carried out. The number of expectant mothers and children under five who were treated showed a substantial improvement and the amount of time devoted to these patients was increased by more than a third.

However, detailed examination of the figures would show that much of this work was, in fact, of a pain relieving and palliative character rather than conservative. This, while most laudable in itself, is hardly the ideal situation and while it is my intention in the future to retain this important aspect in its entirety, a strenuous attempt will be made to turn the scales in favour of conservative dentistry, particularly with regard to that most important of the priority classes, the under fives.

This must, of necessity, take time and is dependant upon many factors, in particular, staffing. Nevertheless, with continued co-operation of all concerned I hope to achieve it within the foreseeable future.

My thanks are recorded to all my staff for their never failing and ever ready service, also to the medical, nursing and clerical staff for their co-operation and assistance."

	<u>Expectant and Nursing Mothers</u>	<u>Children under 5 years</u>
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Numbers provided with dental care:

(i)	Examined	189	170
(ii)	Needing Treatment	188	152
(iii)	Treated	181	151
(iv)	No. of attendances for treatment	625	175
(v)	Made dentally fit	99	118

Forms of Dental Treatment Provided:

(i)	Extractions	678	285
(ii)	Fillings	193	18
(iii)	Scalings & Gum Treatment	74	-
(iv)	Silver Nitrate Treatment	-	5
(v)	Dentures Provided	69	-

No. of administrations of Nitrous-
oxide for extractions

52 125

No. of dental X-rays

20 1

Ophthalmic ClinicChildren under 5 years

Errors of refraction (including Squint)	60
External and Other (excluding errors of refraction and squint)	<u>42</u>
Total	<u>102</u>
Spectacles prescribed	14

Orthopaedic Clinic

* Massage:

Number treated	56
Total treatments	405

* Orthopaedic:

Seen by Surgeon	93
New Cases	39
Total attendances	265

* The above figures include cases from Staffordshire.

U.V.L. Clinic

Children treated	73
Total Attendances	290

Midwifery.

The total number of births (live and still) was 1,005 of which 460 occurred at home and 545 at nearby Maternity Homes and Hospitals. Of the Institutional confinements 341 took place in the Rosemary Ednam Maternity Home. The percentage of domiciliary confinements in 1957 was 45.8.

In the case of domiciliary confinements 437 were attended by midwives alone, and in 23 cases a doctor also attended. In 33 cases Medical Aid was sent for, a percentage of 7.2 as against 3.4 in 1956.

During the year gas and air analgesia was called for in 143 cases.

The premature baby service continues to serve a useful purpose in the care of premature infants born at home.

	<u>At Home</u>	<u>In Hospital</u>
Premature live births	33	56
Premature still births	<u>4</u>	<u>8</u>
	<u>37</u>	<u>64</u>

Health Visiting

In spite of being at only half strength and having other onerous commitments (notably duties under the School Health Service) it was a matter for congratulation of these ladies that home visits increased by 10% on the previous year. Important as clinics may be, the home visit is still the most effective instrument at their disposal in their advisory and health educational role. This is particularly the case with the families where children are most at risk and where the mother cannot, or will not, attend the clinic. Among their other varied duties it is worth noting that visits to households affected by tuberculosis doubled. It is obvious that the health visitor, with the knowledge and confidence of the family which comes from years of routine visits, is the person best placed

to trace the source, and any secondary, cases, and to persuade the family contacts to take the necessary precautions and make full use of the services available.

The total number of visits by health visitors during the year was 20,246 as against 18,451 in 1956.

Visits to children under 1 year:

(a) First Visits	916
(b) Total Visits	7,976
Visits to children between 1 and 5 years	10,734
Stillbirth Investigations	25
Infant Death Visits	27
Visits to Tuberculous Households	1,312
Miscellaneous Visits	172

Home Nursing

This service is provided on the Council's behalf by the Badley and District Nursing Association under the supervision of the Matron, Miss Darby. The service is admirably fulfilling the important task of nursing patients in their own homes and so avoiding the necessity of admission to hospital, thereby saving hospital beds for more urgent cases. While this impression is confirmed by the staff of Burton Road Hospital, it is impossible to express the economy in use of hospital beds in statistical terms.

	<u>Visits</u>
Medical Cases	8,317
Surgical Cases	3,273
Tuberculous Cases	1,249
Maternal Complications	2
Others	<u>51</u>
	<u>12,802</u>

The earlier discharge of patients from hospital and the increased proportion of chronic sick now nursed at home have added to the case load. The rehousing of a substantial fraction of the population in outlying estates has increased the ground which home nurses have to cover and the time taken up in travel, which has largely to be done on foot in all weathers.

While there was a marked increase in both medical and surgical cases, this was more than offset by a reduction in tuberculosis visits, owing to the fact that newer drugs are now being given largely by mouth rather than by injection. While this is an agreeable advance for both nurse and patient, it lessens the assurance that the drugs are being taken in regular and sufficient dosage; and the unpleasant side effects, sometimes experienced, constitute a temptation to the evasion of treatment for the less responsible patient.

56% of the patients were over 65 years of age and this group accounted for over 60% of visits. The increased amount of attention and time required in dealing with elderly patients throws a heavy burden on the nursing staff who, with Miss Darby, are to be congratulated on the high standard of nursing achieved; the service was further handicapped by inability to find a suitable candidate for a vacancy which remained unfilled over a long period.

Vaccination and Immunisation

The vaccination rate for children under one year continued to improve but is still only 37%, far below the level required to ensure protection for the community against the ever present possibility of the introduction of smallpox. Routine reminders to all parents seem to be largely ineffective in the absence of recent local experience of the disease.

As a result of the Medical Research Council's finding of a somewhat increased risk of provoking poliomyelitis by combined injections against diphtheria and whooping cough, as distinct from separate administration, the Health Committee decided to revert to the earlier procedure. The increased number of injections and inconvenience to mothers was immediately reflected in a marked decline in the number of infants protected. This proportion, which had been laboriously doubled to 56% over the previous three years, dropped to 32%. This was, however, slightly offset by the increased number protected in the next year of life, as the extended programme of injections naturally takes longer to complete.

Poliomyelitis vaccination was offered to children and expectant mothers. The demand was very low initially, only one fifth of that experienced over the country as a whole. Supplies of vaccine available, based on the number of applicants, were consequently small, and the total protected by two injections was 383, of whom 60% were dealt with at the clinics. At the time of writing some of the initial prejudice seems to have been overcome and the proportion of those eligible applying has risen from 6% to 25%.

Diphtheria Immunisation:

Immunised during 1957

Children under 5 years	964
Children over 5 years:	
Primary	460
Re-Immunisation (Booster)	528
Whooping Cough Immunisation	582
Poliomyelitis Vaccination	383

Ambulance Service

The demands on this service, which appeared destined to show a perpetual annual increase, seem at last to have been stabilised. The total mileage and, to a much smaller extent, numbers of patients, both showing a decline on 1956. The decrease in mileage (7%) and the continued shift from ambulance to sitting-case car both reflect efficiency and economy in the administration of the service and great credit on Mr. Wade and his staff.

	<u>Ambulances</u>	<u>Sitting Case Cars</u>
No. of vehicles at 31st December, 1957	4	6
Total number of accident or other emergency calls	956	106
Total number of patients carried	4,099	13,101
Total mileage	25,804	64,265

Prevention of Illness, Care and After-Care

The various services provided under this section of the National Health Service Act continued to expand, and the appointment of a Handicraft Instructor, one third of whose time is devoted to long term patients, both in their own homes and at the Handicraft Centre, helped to fill a serious and long standing gap in the Council's provisions for those handicapped by tuberculosis and similarly protracted illnesses.

Sick room equipment of various types including wheel chairs, beds, bedding, etc., were supplied to 227 patients. In addition, arrangements were made in 54 cases for extra milk to be delivered, charges being made in accordance with the Council's scale. My thanks are again due to the National Assistance Board for their valuable co-operation; to the Rehabilitation Centre of the Ministry of Labour for their willing assistance in helping to relieve one of the greatest difficulties, that of finding suitable employment for those patients sufficiently recovered; and to all the voluntary organisations, which help in this work.

Other statistics relating to the service are as follows:-

No. of patients interviewed at the office	417
Visits made to patients in their own homes	1,126
No. of patients visited in hospitals	32

Under the Recuperative Holiday Scheme, recommendations by family doctors, which had been mounting rapidly of recent years and threatened to become a considerable financial burden, abated somewhat, 16 patients being sent for a fortnight's holiday at the seaside.

Child Neglect and Break-up of Families

The detection of family difficulties and their management in the earlier, tractable stages, is the most hopeful method of dealing with "problem families". The person best placed in this respect is the health visitor who, alone of all social workers, by her routine visiting has a chance to get to know the family in its normal state, and recognise the first signs of impending break-down or neglect of the children. This makes it the more unfortunate that our strength of health visitors, half the establishment, makes it impossible to devote the extra time required to this work, and to adequate supervision of families who have become established and recognised problems.

Numerous agencies (Local Health Authority Departments, statutory bodies, and voluntary agencies) are involved in the difficulties of such families. Fortunately this Authority is small enough to permit of frequent and harmonious contacts between its own officers, and those of outside bodies, and to enable an individual family's problems to be discussed informally, as they arise, by the officials concerned. This helps to prevent inco-ordinated and excessive visiting of such families and ensures that the appropriate resources are available to the welfare worker primarily concerned. It will, however, be impossible for the Public Health Department to make its proper contribution until it has at its disposal an adequate staff of health visitors and a qualified case worker.

Domestic Help Service

This service continues to be invaluable both in supporting families in times of stress such as illness or confinement of the mother, and in facilitating early discharge of patients from hospital. Most of its energies are, however, devoted to helping the elderly and infirm to maintain a relative independence in their own homes, so avoiding admission to Old Persons' accommodation or chronic hospital beds. Since the great majority of these pay only the minimum charge of 6d. per hour, this service is unavoidably an expensive one. Three quarters of those catered for were over 65 years of age, and the proportion of visits to this group considerably higher, since the elderly naturally tend to require help for a longer period. The necessity to hold down costs and therefore staff, unavoidably means that border line cases have sometimes to be refused and necessitous cases more frequently under-visited. 158 cases were attended during the year by a staff averaging 27 domestic helps.

The cases fall into the following categories:

Maternity	14
Tuberculosis	5
Chronic Sick, Aged and Infirm	131
Others	8

Superannuation Examinations

It is not generally realised that the Public Health and School Health Departments must devote an appreciable part of their staff's time to medical examinations, not only of prospective employees of the Corporation, but also of entrants to Teachers' Training Colleges. This involves a comprehensive and time consuming medical check up, equivalent to a full insurance examination. In the case of applicants from a distance this frequently has to be arranged at short notice, and at times incompatible with the routine duties of medical and nursing staff. 135 superannuation and 38 Training College examinations were carried out last year.

SECTION D - MENTAL HEALTH SERVICE

The Mental Health Officer is responsible for the visitation, supervision and care of patients discharged from hospital, and other patients requiring care and attention. He is also Duly Authorised Officer and Petitioning Officer for the Borough. Visitation and supervision is also done by the Supervisor of the Occupation Centre who is able to give help and guidance in the homes of those defectives who are unable to attend at the Centre. Two of the Council's Medical Officers hold the necessary qualification to examine children for the purpose of ascertainment under the Education Act, 1944, for subsequent report if necessary to the Local Health Authority. In the administration of the Mental Health Services the Mental Health Officer keeps a close liaison with the mental hospital and the general practitioner so that all the facilities of the National Health Service are available to those in need of them. There has been some improvement in the number of beds available in Mental Deficiency Hospitals, especially for the females, although great difficulty is still being experienced in finding accommodation for males under the age of 16 years.

The Report of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency 1954 - 1957 was published in June, 1957. The proposals in the Royal Commission would necessitate new legislation and the total repeal of the Lunacy, Mental Treatment and Mental Deficiency Acts. Pending such revision, much can be done to facilitate both admission and discharge of patients. Increased community care, which will greatly extend the responsibility of Local Health Authorities, should allow a more flexible use of hospital beds, with a consequent decrease in the present prolonged waiting periods.

The Occupation Centre continues to provide an essential and excellent service under the Supervisor and her staff, and the parents repeatedly express their appreciation of the good work done there. 1957 has been an extremely busy year for the Occupation Centre. The number of children on the roll on the 31st December, 1957 totalled 50. The Voluntary Association for the Mentally Handicapped has been very active during the year, and through their efforts the children had outings to the country, seaside and the Zoo, and enjoyed parties at Easter and Christmas.

The main events of the year, which are now very popular with the public, were the Annual Garden Party and the Open Day and Sale of Work. The former was officially opened by the Principal of the Dudley Training College and the latter by the Mayoress of Dudley, Mrs. J. Billingham. We take this opportunity to offer our thanks to the various individuals and Associations who have helped with gifts, etc. Our especial thanks to the Staff and Students of the Dudley Training College, Members of the Dudley Fire and Ambulance Service and members of the Dudley Branch of "The Inner Wheel".

It is very gratifying to report that during the year an Industrial Section, under a part-time Handicraft Instructor, was opened for males over 16 years of age. These boys attend regularly three times a week and take a keen interest in the work. This enterprise is greatly indebted to the Dudley Training College, both for very substantial financial help from the Rag Day Fund, and for expert advice from Mr. Richardson. It is hoped that a Laundry Section, to provide training for older girls, will soon be formed.

The following statistics relate to the work of the Mental Health Service in the community during 1957.

LUNACY AND MENTAL TREATMENT ACTS, 1890-1930

Details of patients admitted to Hospital under the Lunacy Acts:

<u>Method of Admission</u>	<u>Hospital</u>	<u>M.</u>	<u>F.</u>	<u>Total</u>
Section 20 Lunacy Act, 1890	Barnsley Hall, Bromsgrove	6	12	18
	Burton Road Hosp. Dudley	18	9	27
	St. George's Hosp. Stafford	2	-	2
	New Cross Hosp. W'ton.	-	2	2

			M.	F.	Total
Section 21 Lunacy Act, 1890	Barnsley Hall Hospital, Bromsgrove New Cross Hospital, Wolverhampton. St. George's Hospital, Stafford		1	1	2
			-	1	1
			1	-	1
Section 16 Lunacy Act, 1890	Barnsley Hall Hospital, Bromsgrove St. George's Hospital, Stafford	7	7	14	
		2	-	2	
Section 1 Mental Treatment Act, 1930	Barnsley Hall Hospital, Bromsgrove St. George's Hospital, Stafford	7	11	18	
		1	1	2	
Voluntary Admission	Burton Road Hospital, Dudley.	2	5	7	
Patients investigated but no action taken		17	24	41	

Details of patients discharged from Hospitals:

	Hospital		<u>Admitted</u>		
Section 16 L.A. 1890	Barnsley Hall Hospital, Bromsgrove Powick Mental Hospital, Powick, Worcester.	Pre 1957	2	4	6
		1957	4	4	8
		Pre 1957	1	-	1
		1957	-	-	-
	St. George's Mental Hosp.	Pre 1957	-	-	-
	Stafford	1957	1	-	1
Section 20 L.A. 1890	Barnsley Hall Hospital, Bromsgrove Burton Road Hospital, Dudley.	Pre 1957	-	-	-
		1957	1	4	5
		Pre 1957	-	-	-
		1957	4	4	8
Section 21 L.A. 1890	Barnsley Hall Hospital, Bromsgrove St. George's Mental Hosp.	Pre 1957	-	-	-
		1957	1	-	1
		Pre 1957	-	-	-
	Stafford	1957	1	-	1
Section 1 M.T. Acts, 1930	Barnsley Hall Hospital, Bromsgrove St. George's Mental Hosp.	Pre 1957	7	9	16
		1957	31	31	62
		Pre 1957	-	-	-
	Stafford	1957	1	-	1
	Highcroft Hall, Birmingham	Pre 1957	-	-	-
		1957	2	1	3

Deaths in Mental Hospital during 1957:

Barnsley Hall Hospital, Bromsgrove	1	2	3
Burton Road Hospital, Dudley.	3	2	5

		Under age 16	Aged 16 and over		
		M.	F.	M.	F.
1. Particulars of cases reported during 1957					
(a) Cases ascertained to be defectives "subject to be dealt with":-					
Number in which action taken on reports by:-					
(1) Local Education Authorities on children:					
(i) While at school or liable to attend school		1	3	-	-
(ii) On leaving special schools		2	7	-	-
(iii) On leaving ordinary schools		-	1	-	-
(2) Police or by Courts		-	-	-	-
(3) Other sources		-	1	-	1
Total of 1(a)		3	12	-	1
(b) Cases reported who were found to be defectives but were not regarded as "subject to be dealt with" on any ground					
		-	2	-	-
(c) Cases reported who were not regarded as defectives and are thus excluded from (a) or (b)					
		-	-	-	-
(d) Cases reported in which action was incomplete at 31st December, 1956, and are thus excluded from (a) or (b)					
		-	-	-	-
Total of 1(a) - (d) inc.		3	14	-	1
2. Disposal of cases reported during 1957					
(a) Of the cases ascertained to be defectives "subject to be dealt with" (i.e. at 1(a)), number:					
(i) Placed under Statutory Supervision		2	12	-	-
(ii) Placed under Guardianship		-	-	-	-
(iii) Taken to "Places of Safety"		-	-	-	-
(iv) Admitted to Hospitals		-	-	-	1
Total of 2 (a)		2	12	-	1
(b) Of the cases not ascertained to be defectives "subject to be dealt with" (i.e. at 1(b)), number:					
(i) Placed under Voluntary Supervision		-	2	-	-
(ii) Action unnecessary		-	-	-	-
Total of 2(b)		-	2	-	-
(c) Cases reported at 1(a) or (b) above who removed from the area or died before disposal was arranged					
		1	-	-	-
Total of 2(a) - (c) inc.		3	14	-	1
3. Number of mental defectives for whom care was arranged by the local health authority under Circular 5/52 during 1957 and admitted to					
(a) National Health Service hospitals					
		-	1	-	2
(b) Elsewhere					
Total		-	1	-	2

	Under age 16		Aged 16 and over	
	M.	F.	M.	F.
4. Total cases on Authority's Registers at 31.12.57				
(i) Under Statutory Supervision	17	14	34	29
(ii) Under Guardianship	-	-	1	-
(iii) In "Places of Safety"	-	-	-	-
(iv) In Hospitals	3	4	36	38
Total of 4(i) - (iv) inc.	20	18	71	67
(v) Under Voluntary Supervision	1	2	12	20
Total of 4(i) - (v) inc.	21	20	83	87
5. Number of defectives under Guardianship on 31st December, 1957, who were dealt with under the provisions of Section 8 or 9, Mental Deficiency Act, 1913 (Included in 4(ii))	-	-	-	-
6. Classification of defectives in the Community on 31.12.57 (according to need at that date)				
(a) Cases included in 4(i) - (iii) in need of hospital care and reported according- ly to the hospital authority:-				
(1) In urgent need of hospital care:-				
(i) "cot and chair" cases	-	-	-	-
(ii) ambulant low grade cases	1	-	-	1
(iii) medium grade cases	1	-	-	-
(iv) high grade cases	-	-	-	-
Total urgent cases	2	-	-	1
(2) Not in urgent need of hospital care:-				
(i) "cot and chair" cases	-	-	-	-
(ii) ambulant low grade cases	-	-	-	-
(iii) medium grade cases	2	-	-	-
(iv) high grade cases	-	-	-	-
Total non-urgent cases	2	-	-	-
Total of urgent and non-urgent cases	4	-	-	1
(b) Of the cases included in items 4(i), (ii) and (v), number considered suitable for:-				
(i) occupation centre	18	13	-	23
(ii) industrial centre	-	-	18	-
(iii) home training	-	-	-	-
Total of 6(b)	18	13	18	23
(c) Of the cases included in 6(b), number receiving training on 31.12.57:-				
(i) In occupation centre (includ- ing voluntary centres)	18	11	-	15
(ii) In industrial centre	-	-	7	-
(iii) From a home teacher in groups	-	-	-	-
(iv) From a home teacher at home (not in groups)	-	-	-	-
Total of 6(c)	18	11	7	15

SECTION E - WELFARE SERVICES

NATIONAL ASSISTANCE ACT, 1948

General

In the year under review the most pressing problem has been the lack of sufficient residential accommodation to meet the Committee's needs. This is due largely to the difficulty in obtaining accommodation at "The Poplars", and underlines the comment contained in the last Annual Report on the need for more accommodation to be available in Dudley. It now seems more necessary than ever to be independent.

There were only six men and eleven women in the Committee's small Homes at the end of the year who could be classified as aged but not infirm. The corresponding figures for "The Poplars" were 15 men and 2 women, accounting in total for only 34 of the 90 residents who were in the Committee's care at the end of the year. This means nearly two out of three residents are infirm and is a measure of how great the problem of infirmity has become. This problem has now been officially recognised in the Circular issued by the Ministry of Health in October. In this Circular an attempt has been made for the first time to define, as far as words will allow, the respective responsibilities of Local Authorities and Hospitals. The effect of this will be an increase not only in the total number of people that the Local Authority will have to accommodate, but an even greater increase in the number of the more infirm. Bearing this in mind it is absolutely essential that the Committee's plans for a further Home of 42 beds be regarded as a matter of the utmost urgency.

Residential Accommodation

The table shown below shows a decrease in the total number of residents in the Committee's care. This is due entirely to the chronic lack of accommodation occasioned by difficulties at "The Poplars". In past years it has been customary to experience an increase in accommodation provided due to the inevitable increase in the aged population, and the table in fact illustrates the large unsatisfied need that exists. The Committee's waiting list at the end of the year was sufficient to fill a Home similar in size to "Albert House" or "The Woodlands", and this takes no account of those people in hospitals awaiting discharge to Homes or those people at "The Poplars" anxious to return to their native Dudley. A false impression can be gained from a brief glance at the table which shows 20 admissions and 22 discharges. Nearly all of these were as a result of transfers to and from hospital. Two admissions were of temporary cases discharged after a short stay and during the year there was in fact only one admission that could be classified as 'normal'.

The Committee's proposal at the end of the year to convert a pair of houses into a small Home as an emergency measure will go some way to relieve the problems created as a result of lack of accommodation at "The Poplars", but will not in any way lessen the desperate urgency of the need for the planned new Home.

Home	No. of residents 1.1.57	Admissions	Discharges	Deaths	No. of residents 31.12.57
"Albert House", Dudley.	21	5	4	1	21
"The Woodlands", Dudley.	23	5	4	2	22
"The Poplars", Wolverhampton	48	20	22	4	42
Home for Deaf, Malvern	2	1	1	-	2
Christadelphian Home, Bewdley	1	-	1	-	-
"The Haven" Blind Home, Scarborough	1	-	-	-	1
Deaf Hostel, Wembley	-	1	-	-	1
Christadelphian Home, "Rest Haven", Southport	-	1	-	-	1
Totals	96	33	32	7	90

Temporary Accommodation

During the year cases arising under this heading have again been mainly the result of the housing shortage. The co-operation of the Children's Committee and the Housing Committee has made the solution of a number of these problems possible; but for this the situation would indeed be extremely difficult.

Welfare of the Blind

The Wolverhampton, Dudley and Districts Institution for the Blind, acting as the Council's Agent, continues year after year to provide a first class service. Blind welfare services are now so well established and so well known that in an Annual Report such as this little new can be said. The benefits of Workshop Employment, Home Employment and Home Teaching facilities coupled with the wide range of social activities are so self-evident as to require little comment. The only discordant note is struck in connection with the proposals to build a new workshop, and in the interests of the blind it is hoped that the deadlock in negotiations between the three Authorities concerned can soon be ended.

The Blind Register at the 31st December was made up as follows:-

Blind	Males	Females	Total
Employed	13	4	17
Unemployable	42	41	83
Children	1	1	2
Totals	56	46	102

Partially Sighted	Males	Females	Total
Employed	1	-	1
Unemployable	1	1	2
Children	1	-	1
Totals	3	1	4

The following table gives in addition details of the cases registered during the year.

(i) Number of cases registered during the year in respect of which para.7 (c) of Forms B.D.8 recommends :	Cause of Disability			
	Cataract	Glaucoma	Retrobulbar Fibroplasia	Others
(a) No treatment	-	2	-	6
(b) Treatment	1	-	-	-
(ii) Number of cases at (i)(b) above which on follow-up action have received treatment				
	-	-	-	-

There was one case of ophthalmia neonatorum during 1957.

Welfare of the Deaf

There is no doubt that this Authority is very well served by the Worcestershire and Herefordshire Association for the Deaf. It is very satisfactory to be able to report again that the employment situation has not been a cause of great concern in this area during the year. The Missioner's Report points out that this is not the experience in all parts

of the country and he appeals to employers to assist the deaf and dumb wherever possible by giving them employment and co-operating as fully as possible with the Deaf Association should problems arise in connection with deaf employees at any time.

The Association provides a wide range of social activities including clubs, holidays, and outings; and the facilities provided at the Malvern Home for the Deaf have been particularly valuable to this Authority. It is also pleasing to record the increasing amount of work that the Association does amongst those who are hard of hearing, but it should be borne in mind that undoubtedly the real problem lies with those unfortunate enough to have been born deaf or to have become deaf at a very early age.

The Deaf Register at the 31st December was as follows:-

Description	Children under 16 years		Persons aged 16 - 64 years		Persons aged 65 years and over		Total
	M.	F.	M.	F.	M.	F.	
Deaf	2	5	25	15	6	4	57
Hard of Hearing	5	2	1	14	1	2	25

Welfare of Other Handicapped Persons

The most notable event of the year has been the introduction of handicraft instruction for which most of the handicapped people affected have waited for so long. The measure of success experienced with handicraft classes has encouraged all concerned. With the provision of more suitable premises in the coming year this work can be carried out so as to provide pastime occupation coupled with the very real satisfaction felt by those concerned in earning something for themselves even if the amount earned is comparatively small.

Whilst there has not been a great deal of progress in other directions the Council has now decided to adopt fully the remaining provisions of the Scheme. Looking forward to the coming year it should be one in which activities on behalf of this group of handicapped people will be greatly increased.

Welfare of the Aged in their own Homes

In recent years so much has been written and spoken about old people, one feels that without anything very new to say it is better to make no elaborate comment at all. It should be pointed out, however, that year by year there is an increasing amount of case work being done on behalf of old people by the Department. One new development at the end of the year under review was the arrangement made with the Geriatrician whereby the Department submits reports to him on the social need for admission of those people on the waiting list for admission to hospital. This is undoubtedly helping to improve the overall effectiveness of the services generally available to the aged.

It has been said on many previous occasions that there is a tremendous scope for voluntary effort in this field and it is very pleasing to be able to report the increasing volume of voluntary activity undertaken by the Dudley Old Peoples Welfare Association and the Womens Voluntary Service. It cannot be too often emphasised that no statutory service can hope to cope with all the problems of an ageing population. One feels that more might be done to bring home to the community generally the needs of the elderly in their day to day life, so that some of the frustrating problems of house-bound old people, unable to shop or cash their pensions, could be solved very satisfactorily with neighbourly help.

Moral Welfare

The last year or so has seen an increase in the number of cases dealt with and the service provided in this connection by the Worcestershire

Diocesan Moral Welfare Association is invaluable. Indeed these problems could not be satisfactorily resolved without the help of this Association.

Temporary Protection of Property

It has still not been possible to clear the Brewster Street Store and whilst every effort has been made during the year to find an alternative solution it was necessary in one case to take property into store. It is still hoped, however, that sooner or later it may be possible to clear this store and to find more suitable storage accommodation.

Burials

There were, during the year, six cases in which it was necessary to make burial arrangements where no relatives or friends were available to do so.

Conclusion

Some voluntary bodies have been mentioned earlier in the report, but during the course of any year a large number of organisations and private individuals take an active interest in the Department's work and afford it considerable assistance. Whilst it is not possible to include everyone it is with very great pleasure that the Department's debt to the following is recorded:-

Dudley Rotary Club, Dudley Round Table, The Inner Wheel, Messrs. Kendrick's Coaches, The Licensed Victuallers Association, S.S.A.F.A., St. John's Ambulance Brigade and Cadets, Toc.H., Townswomen's Guild and Dudley Training College Students.

As usual the Department is greatly indebted to the willing co-operation and help afforded by local medical practitioners, hospitals, and the National Assistance Board without which welfare services could not be used effectively.

SECTION F - WATER SUPPLY

The supply to the County Borough of Dudley is derived from six pumping stations situated outside the Authority's boundaries. Chlorination is practised in all cases.

During 1957, 640 out of 662 samples of the chlorinated water were free from coliform bacteria.

Samples of the raw water are not obtainable at two of the pumping stations pumping underground water but 236 out of 250 samples from the other four were free from coliform bacteria.

310 samples of a supply of surface origin were also examined before treatment, and these gave an approximate average coliform bacteria content of 87 per 100 ml.

Samples were examined within the County Borough from:-

Cawney Hill Reservoir No. 1
Cawney Hill Reservoir No. 2
Shavers End Reservoir No. 1
Shavers End Reservoir No. 2
Springshire Reservoir
and from Waterman's House, Dudley
Waterman's House, Netherton.

74 out of 86 samples from the service reservoirs were free from coliform bacteria. 12 samples from Shavers End Repumping Station and 25 from the Watermen's houses were all free from coliform bacteria.

The average chemical results of the tap samples from Dudley and Netherton for 1957 were:-

	<u>Dudley</u>	<u>Netherton</u>
pH	7.1	7.3
Alkalinity (CaCO ₃)	100	105
Chlorides (Cl)	36.3	37.5
Ammoniacal Nitrogen (N)	Trace	Trace
Albuminoid Nitrogen (N)	Trace	Trace
Oxidised Nitrogen (N)	3.1	3.4
Oxygen absorbed (3 hr. at 27° C)	.12	.12
Temporary Hardness	94	99
Permanent Hardness	74	82
Total Hardness	168	181
Iron (Fe)	.06	.02
Manganese (Mn)	Nil	Nil
Lead (Pb)	Nil	Nil

The waters are not liable to plumbo-solvency, the 25 samples examined from taps in Dudley and Netherton being all free from any detectable quantity of lead.

ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

To:- The Chairman and Members of the
School Management and Medical Sub-Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the School Health Service for 1957.

The School Health Service continued to function satisfactorily throughout 1957, and there was every indication that the high level of health and well-being enjoyed by school children of recent years has been fully maintained.

The most notable development of the year was the establishment of a scheme for screening all 7 year old children to detect cases of unsuspected deafness. The children are individually tested at school and all suspect cases referred for further examination. The high level of team work between Mrs. Crellin of the Association for the Deaf, Dr. Kerrigan, Senior School Medical Officer, Mrs. Brooke, Speech Therapist, and Mr. Hamilton, Ear, Nose and Throat Consultant, now ensures that this condition, too long neglected in its minor degrees, receives adequate attention, ascertainment and treatment.

There were epidemics of measles and influenza in the course of the year. Neither was attended by serious complications and there were no deaths. Influenza seemed to affect the school population earlier and more frequently than any other age group, and attendances at most schools suffered severely early in the Autumn term. Other notifiable infectious diseases remained at a remarkably low level. Some poliomyelitis vaccine was available to family doctors and clinics for children who had been registered in the previous year. The very low demand experienced in Dudley may be due to the fact that Dudley's school children have largely escaped this disease of recent years. This good fortune cannot be expected to continue indefinitely, and parents should not hesitate to take advantage of the substantially reduced risk of paralysis offered by vaccination.

For the first time in many years the Dental Department had a full complement of dental officers, at least for the first half of the year. This is reflected in the increase in inspections and treatment, but years of under-staffing have left their legacy in the high proportion of extractions as compared with conservative work, found to be necessary. It seems clear that the only hope of achieving dental fitness in school children in our time lies in a more general acceptance and application of the principles of good dental hygiene; fluoridation of water supplies; and perhaps the employment of ancillary dental staff.

I have to thank the Chairman and Members of the School Management and Medical Sub-Committee for the encouragement and consideration they have invariably shown me; the Chief Education Officer and his staff for their unfailing courtesy and collaboration; and the general practitioners, hospital staffs, and voluntary bodies too numerous for individual mention, whose co-operation is so essential to the efficiency of the School Health Service. Last but not least, I am particularly indebted to all members of the School Health Service staff for their cheerful and unstinted efforts.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

R. M. ROSS,

Principal School Medical Officer.

(1) School Medical Inspections

The routine medical inspections of school children have continued during 1957 and 3,088 pupils have been examined during the year.

Pupils are now examined as a routine:-

- (a) as soon as possible after admission to a maintained school, i.e. at age 5 - 6;
- (b) during the last year in a junior school - (age 10 - 11), and
- (c) during the last year of attendance at a maintained secondary school, when sufficient time is allowed for any necessary investigation or treatment to be carried out before the pupil leaves school.

In addition, younger children aged 2 - 5 at the Nursery School and Nursery Classes are examined, as are older pupils at the Grammar School, Girls' High School, and Junior Technical College before taking up employment.

As a result of these inspections 605 pupils were found to require treatment and 1,001 to be kept under observation, and the necessary action was taken in all cases.

Of these, 279 required treatment for eye conditions (244 for errors of refraction) and 190 required to be kept under observation.

The school population of the Borough (including the Nursery School and Nursery Classes) was 10,877 at the end of December, 1957.

Parental co-operation with the School Health Services continues to be most satisfactory. A high proportion of parents attend at the school medical inspection of the younger age groups. This opportunity for the parent, teacher, school doctor and nurse (who has usually known the child from infancy as health visitor) to assess the child's progress and needs in all their aspects is invaluable. It gives the doctor comprehensive background information on which to base her advice, and ensures that that advice is conveyed in the most effective way to those most intimately concerned with the child's welfare.

(2) Special Medical Inspections

This heading refers to pupils who attend at the various school clinics to be seen by the School Medical Officers at the request of parents or teacher.

These clinics are held from 9 to 10 a.m. as follows:-

Central Clinic	-	Each week day
Priory Clinic	-	Thursdays
Holly Hall Clinic	-	Tuesdays
Hetherton Clinic	-	Wednesdays
Dudley Wood Clinic	-	Thursdays

2,240 children were seen at these sessions and the parents were advised, or the children referred to their private doctor or to the appropriate specialist as necessary. This service continues to be very popular and is greatly appreciated by the parents of the pupils concerned. Attendance at these clinics increased by 25% last year and they greatly help to supplement the re-inspections at schools in closing the gaps in supervision between the three periodical inspections.

In addition to the weekly doctor's clinic, the school nurse is in attendance at each clinic daily to deal with minor ailments and carry out prescribed treatments.

(3) Re-Inspections

Re-inspections have been held each term in all schools in the Borough, when children who had previously been noted at routine medical inspections to be in need of further observation and advice, were seen by the School Medical Officers.

During 1957, 1,830 children were seen at these inspections.

(4) Physical Condition

The generally satisfactory standard of nutrition amongst school children has been fully maintained. There are many reasons why a child may not have achieved its optimum standard of general health, but by far the most common is found to be lack of adequate sleep, and only in the minority of cases is this due to overcrowding or other unavoidable domestic hardships.

For a variety of reasons 7.8% of 3,088 children examined were found to fall short of their potential standard of health. The small fraction of those where the defect is primarily due to inadequate nutrition are given special attention in the form of home supervision, provision of school meals, vitamin preparations, sunlight treatment, and placing in Open Air Schools. They are regularly re-inspected until a reasonable standard of fitness is achieved.

(5) Infectious Disease

Measles was prevalent, to the extent of some 400 cases, in school children. The disease, in the great majority of cases, was not attended by serious complications and hospital admission was not called for. It is obvious that modern drugs are succeeding in converting this once serious illness into a mere biennial nuisance.

There were only five cases of whooping cough notified among school children and none of diphtheria, poliomyelitis, or dysentery. A mild form of dysentery (Sonne) continued to show spasmodic cases in the general population but, unlike the previous year, there was no evidence of spread in the schools. This was itself a high tribute to the standard of hygiene discipline achieved by the school staffs. Influenza produced a very high, if short lived, absence rate early in the Autumn term. School children seemed the first and most generally affected section of the population, but Dudley was more fortunate than some neighbouring areas in experiencing no deaths among pupils.

Details concerning notification of infectious diseases received in respect of school children are given below.

Age Group	Measles		Diphtheria		Scarlet Fever		Whooping Cough		Polio-myelitis		Meningitis		Dysentery	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
5-10	209	192	-	-	10	9	3	2	-	-	-	1	-	-
10-15	2	2	-	-	1	-	-	-	-	-	-	-	-	-

(6) Tuberculosis

The following notifications of tuberculosis in children of age groups 5 - 15 have been received.

	<u>Males</u>	<u>Females</u>	<u>Total</u>
Pulmonary	5	3	8
Non-Pulmonary	-	1	1

The number of children in the age group 5 - 15 on the tuberculosis register at the end of the year was:-

	<u>Males</u>	<u>Females</u>
Pulmonary	46	30
Non-Pulmonary	18	4

Notification of pulmonary disease, at first sight, seems to continue at a disquietingly high level. In actual fact the majority of these children are picked up either as contacts of known cases, or by our own tuberculin testing survey of school entrants, before they have become obviously ill, and this early ascertainment ensures, usually, a satisfactory and rapid response to treatment.

Measures against this disease have now become a well established routine which is accepted by 75% of the parents concerned. Entrants are skin tested for evidence of past infection, which has not usually given rise to recognised illness. Positive reactors are examined clinically and radiologically at the Chest Clinic to exclude the possibility of active disease and contacts are invited to the Mass X-ray Unit in an endeavour to trace the source of infection.

Parents of all 13 year old children were offered skin testing, and subsequent B.C.G. vaccination of the 83% who still showed no sign of previous infection. School leavers have the opportunity to attend the Mass Radiography Unit in their last year; this, fortunately, produces an average of only two active cases per year. Apart from the advantage of early treatment for these children, this measure protects their school fellows as occasionally the case is found to be infectious. It is also hoped that this acquaintance with the X-ray Unit will establish a habit of routine attendance in later life.

The desirability of all adults in contact with school children having an annual check up at the Mass Radiography Unit, in addition to any initial examination, cannot be over emphasised.

In all phases of this campaign, the School Health Service is greatly indebted to Dr. McDonald and his Chest Clinic staff and to Dr. Posner of the Mass X-ray Unit for their unfailing co-operation, without which the scheme could not be implemented.

Specialist Clinics

(7) Ophthalmic Clinics

During 1957, 236 new cases of errors of refraction and 9 new cases of other defects and diseases of the eye were treated at the Central Clinic by the Council's Ophthalmologist. In addition, 867 pupils with previously treated errors of refraction and 22 children with other defects previously observed were seen by the Specialist, making a total of 1,133 pupils treated at the Eye Clinic. Spectacles were prescribed for 736 pupils. The eye clinics are normally held thrice weekly at the Central Clinic on Wednesday and Thursday mornings and on Wednesday afternoons.

(8) Orthopaedic Clinic

This clinic, which is held at the Council's Central Clinic under the direction of the Royal Orthopaedic Hospital, Birmingham, continues to deal with large numbers of children, many of whom attend from outlying districts and surrounding Boroughs.

The Orthopaedic Surgeon holds a clinic fortnightly, and a nursing team attends weekly on Fridays to carry out the treatments prescribed.

192 Dudley children were seen by the Surgeon at these clinics during the year and a total of 531 treatments were given.

(9) Physiotherapy Clinic

In addition to the Orthopaedic Clinic, the Physiotherapy Department at the Central Clinic holds sessions every working day under the charge of a trained physiotherapist for the practice of remedial gymnastics, massage, infra-red, and other ray treatments.

The majority of the pupils treated are those suffering from postural defects, but children are also sent to the clinic for breathing exercises, etc., and all are instructed in the methods of practising home exercises. In the case of the younger children the parents are also instructed. 151 pupils received a total of 814 physiotherapy treatments and 94 children received 447 breathing exercise lessons.

(10) Sunlight Clinic

The Council's Artificial Sunlight Clinics at the Central and Priory Clinics continued to treat pupils for whom artificial sunlight had been prescribed.

During the year 156 pupils received 808 treatments.

(11) Ear, Nose and Throat Clinic

The Ear, Nose and Throat Clinic continued to function satisfactorily during the year and 153 pupils received operative treatment for adenoids and chronic tonsillitis; 1 for disease of the ear; whilst 9 received other forms of treatment.

The problem of deafness amongst school children is one of considerable importance. Minor defects, not recognised by parents or teachers, may be expressed in educational backwardness or speech defect. 1957 saw the first full year's operation of a scheme for individual testing in schools, by pure tone audiometer, of all 7 year old children. In addition, teachers are invited to submit children of other ages whom they suspect of deafness, or where there is speech retardation or defect, or educational backwardness. Mrs. Crellin, of the Worcestershire, Herefordshire and Radnorshire Association for the Deaf, who also conducts a lip reading class, tested individually 1,001 children; children failing the initial test were tested at the end of her visit, and the repeated failures, a total of 111, were referred for examination and further tests by Dr. Kerrigan, Senior School Medical Officer, who has attended a special course under Professor and Mrs. Ewing of Manchester. Of these, 35 were referred to Mr. Hamilton, Ear, Nose and Throat Consultant; 23 to the Birmingham School Health Service Aural Clinic; 10 were recommended, and fitted with, hearing aids. To ensure that the children are fully trained in the use of the aids, and deriving the maximum benefit from them, Mrs. Crellin conducts a special Hearing Aid Class which children attend until proficient. There have recently been indications that the new, and much more acceptable, Transistor Aids may soon be available through Hospital Clinics.

(12) Child Guidance Clinic

The recent arrangement by which Dr. Maclay, of the Birmingham Regional Hospital Board, holds a Child Guidance Session weekly at the Central Clinic, functioned very satisfactorily in spite of severe limitations of staff and accommodation. One of the health visiting staff, Mrs. Perry, continued to act as Psychiatric Social Worker, and Dr. Halstead, Educational Psychologist, carried out such assessments as Dr. Maclay required.

The following figures show the work carried out at the Child Guidance Clinic.

New Patients - Total 42

Anxiety	14
Stealing	7
Backwardness	6
Enuresis or Soiling	6

Behaviour Disorder	5
Failure to progress at school	2
Epilepsy	1
Asthma	1
	<u>42</u>

Sources of Referral

School Medical Officer	23
Family Doctor	8
Probation Officer	5
Children's Officer	3
Hospital	2
Parents	1

42

Results in Cases of Patients referred in 1956

Total Cases 20

Good Result	1
Improved	7
Poor Result	3
Transferred	6
Ceased attending	1
Still attending (January, 1958)	2

20

Total Number of Interviews

(a) By Psychiatrist -	221
(b) By Psychologist	29

(13) Speech Therapy

One of the two Speech Therapists who provided treatment on a sessional basis unfortunately resigned in the course of the year. As, so far, it has been impossible to replace her, the service has been reduced to four sessions per week.

During 1957, 90 pupils received treatment in a total of 778 lessons and 36 new cases were interviewed and assessed and 29 children were discharged.

(14) School Dental Service

Chief Dental Officer's Report for 1957

I have the honour to present the Annual Report on the School Dental Service for 1957.

Mr. M.D. McGarry, L.D.S., was replaced by Mr. D.M. Parsons, L.D.S., in August, 1957. Mr. D.B. Robertson, L.D.S. left in July. We were able to secure the services of Mr. D. Evans, L.D.S. as part-time officer from August until December. For the whole year the whole-time equivalent of Dental Officers was approximately 2.5.

The difficulty of recruiting whole-time Dental Officers is well known to the Committee. Since my arrival I have made strenuous efforts to increase our staff both by communication with the various teaching hospitals and by personal contact. However, the fact that the financial attractions of private practice exceed those of the Public Service, coupled with the serious shortage of dental surgeons, makes recruitment exceedingly difficult.

Notwithstanding the shortage of staff one of the happier features of 1957 has been the increase in the amount of work done in the School Dental

Service in Dudley compared with 1956. For example, 5276 children received a routine dental inspection in 1957 compared with 3374 in 1956 while 1283 were inspected as specials compared with 1635 in 1956, a total of 6559 children inspected in 1957 as compared with 5009 in 1956, i.e.:-

60% received an inspection in 1957
40% received an inspection in 1956.

Acceptance rate is about 70%, which is reasonable.

As has often been stated before, the service cannot be considered satisfactory until each school child in the Borough has an annual inspection.

A pleasing feature is the decrease in the number of inspections as "specials" or casual patients. This naturally follows when the number of children receiving a routine inspection increases. However, the happy day of annual dental inspections still appears to be a long way away and is dependant upon many features, principally the staff shortage.

All branches of the work done show a marked increase:-

Fillings by 36%
Extractions by 18%

other types of work showing a proportional increase. It gives cause for small satisfaction that the proportionate increase in conservation is greater than that of extraction, since the primary aim of the Service is preventive. There is, too, an increase in the orthodontic service while at the same time keeping this branch of the Service within manageable limits.

During the year Holly Dell Dental Clinic was opened and a general policy of gradual re-equipping and modernising of the other clinics was embarked upon. These events should further the progress of our Dental Service since good clinic and equipment are a potent factor in increasing both the standard and output of the work of the Dental Staff.

I am happy to be able to report that we have the services of two first-class dental anaesthetists, Drs. Browne and MacCormac, whose professional skill is gratefully acknowledged.

Happy relations persist with the consultant Dental Service at the Dudley Guest Hospital and the Birmingham Dental Hospital, where specialist services are readily at our disposal.

Excellent relations have been maintained with our medical and scholastic colleagues and I should like to place on record the support and encouragement I have received since my arrival from Dr. Ross, Mr. Eisell, the Authority's Medical Officers, Headmasters and Teachers generally.

Finally, it is a pleasure to pay tribute to the loyalty and co-operation of Mrs. McEwan, Mrs. Smith, Mrs. Robinson, and Mrs. Durham, who have laboured so nobly to further the School Dental Service in Dudley.

D. M. Parsons

Chief Dental Officer.

(15) Handicapped Pupils

In accordance with the requirements of the Handicapped Pupils and School Health Service Regulations, 1956, 109 pupils have been examined or re-examined during 1957 for the purpose of ascertaining whether or not they are suffering from a disability of the mind or body, and if the disability was such as to fall within a category requiring special educational treatment as prescribed by the Regulations.

The 109 pupils examined during 1957 fell into the following categories:-

Educationally Sub-normal - Recommended Day Special School	24
Educationally Sub-normal - For Residential School	3
Educationally Sub-normal - but suitable for ordinary school	26
Not Educationally Sub-normal - to remain in ordinary school	11
Ineducable	1
? Ineducable (for re-examination)	1
Re-ascertainties at Sutton School	14
Re-examined at Sutton School and requiring supervision after leaving school	9
Re-examinations - Cases previously reported to Health Committee	7
Maladjusted	4
Referred to Child Guidance Clinic	4
Partially Deaf	1
For admission to Deaf School	1
Delicate	3

(16) Employment of Children and Young Persons

During the year 68 school children were examined as to fitness for employment before or after school hours in the delivery of newspapers, etc., and a certificate was granted in each case. So high is the current standard of fitness amongst Dudley school children that it is exceptional for a certificate of fitness to be refused.

These children are, of course, kept under medical observation and there has never been any evidence that the part-time employment has been in any way detrimental to their physical or mental welfare.

All children leaving school were examined and advised in the light of their known medical histories, as to any types of work for which they might have been found to be unsuitable, and good liaison was maintained with the Youth Employment Officer in this respect.

(17) Head Infestation

The Special Sub-Committee appointed by the Medical Services Sub-Committee in 1955 to deal with this intractable and deplorable problem continued to produce gratifying results in 1957. Prosecutions of a few parents who failed to respond to the Sub-Committee's warnings were again successfully instituted. A marked and gratifying response to this policy and the attendant publicity has been noted by the school nurses. While the number of infested children has decreased by 25% of recent years, there has been a much greater improvement in the degree of infestation and in the promptitude with which children are cleansed in response to the first informal notice of infestation.

Inspections were carried out in the course of each term by the school nurse and of 31,593 inspections made, 1,001 (3.2%) pupils were found to be infested. In the great majority of these, infestation was only of a minor degree.

Open Air Schools

(18) West Malvern Open Air School

An arrangement with Worcestershire County Council Education Committee

by which 11 boys and 3 girls are sent to the above Open Air School each term was fully utilised in 1957. Children are referred by General Practitioners, School Medical Officers, Head Teachers, etc., on account of sub-standard health, malnutrition, and also often of bad housing conditions. The regular regime of fresh air, exercise, and rest, in ideal surroundings, invariably produces a marked improvement while the children's educational needs are also met.

(19) Astley Burf Camp

As in previous years, 60 pupils went to this Camp each week from Monday to Friday throughout the summer months. They are accompanied by teachers, and their classes are held in the open air. The camp, which is under the control of the Education Committee, is situated in open country not far from the River Severn near Stourport. The children live under camp conditions in beautiful surroundings and this is the only week that some of them ever get in the country. All the children are examined by the School Medical Officers before going to the camp, as to their freedom from infectious disease, etc.

(20) Rotary Boys' House, Weston-Super-Mare

Dudley Rotary Club's admirable and public spirited provision for a free fortnight's holiday at Weston-Super-Mare was taken full advantage of and 22 boys greatly profited from this scheme in 1957. These boys are selected on health needs and lack of other opportunity for enjoyment of such a holiday, and they clearly show the benefit of their fortnight by the seaside. Parents are enthusiastic and appreciative and gladly pay the reduced fare. The personal interest taken in individual boys by members of the Rotary Committee concerned is perhaps the most gratifying feature of the whole scheme.

STATISTICAL TABLES, 1957

TABLE I.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools.

A. Periodic Medical Inspections.

Number of inspections in the prescribed groups:-

Entrants	989
Second Age Group	941
Third Age Group	<u>1,072</u>
Total	<u>3,002</u>
Additional Periodic Inspections	<u>86</u>
Grand Total	<u>3,088</u>

B. Other Inspections.

Number of special inspections	2,240
Number of re-inspections	<u>1,830</u>
Total	<u>4,070</u>

C. Pupils found to require Treatment.

Number of Individual Pupils found at Periodic Medical Inspections to require Treatment (excluding Dental Diseases and Infestation with vermin).

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table IIIA	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	24	182	166
Second Age Group	74	82	143
Third Age Group	<u>135</u>	178	267
Total	233	442	576
Additional Periodic Inspections	11	20	29
Grand Total	244	462	605

D. Classification of the Physical Condition of Pupils Inspected in the Age Groups Examined

Age Groups Inspected (1)	Number of Pupils Inspected (2)	Satisfactory		Unsatisfactory	
		No. (3)	% of Col.(2) (4)	No. (5)	% of Col.(2) (6)
Entrants	939	900	91.01	89	8.99
Second Age Group	941	876	93.09	65	6.91
Leavers	1072	987	92.07	85	7.93
Additional Periodic Inspections	86	83	96.51	3	3.49
Total	3088	2846	92.16	242	7.84

TABLE II
INFESTATION WITH VERMIN

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	31,593
(ii)	Total number of individual pupils found to be infested	1,001
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	122
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	74

TABLE III

A. Defects found by Medical Inspections

Defect Code No.	Defect or Disease	Periodic Inspections				TOTAL (including all other age groups inspected)	
		Entrants		Leavers		Requiring Treatment	Requiring Observation
		(1)	(2)	(3)	(4)	(5)	(6)
4	Skin		4	9		38	11
5	Eyes -					46	28
	(a) Vision	24		59		135	53
	(b) Squint	12		7		6	3
	(c) Other	2		1		6	-
6	Ears -					12	4
	(a) Hearing	-		2		8	2
	(b) Otitis Media	4		10		6	8
	(c) Other	13		10		1	-
7	Nose and Throat	56		172		24	16
8	Speech	35		2		-	-
9	Lymphatic Glands	6		45		2	2
10	Heart	19		5		1	11
11	Lungs	18		32		1	7
12	Developmental -					28	85
	(a) Hernia	1		1		-	-
	(b) Other	3		9		-	-
13	Orthopaedic -					1	1
	(a) Posture	11		12		45	10
	(b) Feet	7		18		12	6
	(c) Other	11		17		8	15
14	Nervous System -					71	55
	(a) Epilepsy	1		2		1	2
	(b) Other	-		2		-	1
15	Psychological -					2	8
	(a) Development	1		3		2	4
	(b) Stability	2		4		4	8
16	Abdomen	-		-		3	-
17	Other	2		13		13	4
						20	29

B. Special Inspections

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)
4	Skin	440	165
5	Eyes -		
	(a) Vision	217	310
	(b) Squint	23	17
	(c) Other	133	80
6	Ears -		
	(a) Hearing	17	24
	(b) Otitis Media	144	84
	(c) Other	35	26
7	Nose and Throat	132	265
8	Speech	36	13
9	Lymphatic Glands	7	37
10	Heart	13	63
11	Lungs	40	193
12	Developmental -		
	(a) Hernia	2	5
	(b) Other	3	7
13	Orthopaedic -		
	(a) Posture	11	30
	(b) Feet	35	113
	(c) Other	86	93
14	Nervous System -		
	(a) Epilepsy	-	3
	(b) Other	2	12
15	Psychological -		
	(a) Development	5	12
	(b) Stability	13	21
16	Abdomen	-	4
17	Other	133	398

TABLE IV

Group 1 - Eye Diseases, Defective Vision and Squint.

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	30	-
Errors of refraction (including squint)	1103	-
Total	1133	-
Number of pupils for whom spectacles were prescribed	736	-

Group 2 - Diseases and Defects of Ear, Nose and Throat.

	Number of cases known to have been treated	
	By the Authority	Otherwise
Received Operative Treatment		
(a) for diseases of the ear	-	1
(b) for adenoids and chronic tonsillitis	-	153
(c) for other nose and throat conditions	-	4
Receiving other forms of treatment	-	9
Total	-	167
Total number of pupils in schools who are known to have been provided with hearing aids.		
(a) in 1957	-	10
(b) in previous years	-	8

Group 3 - Orthopaedic and postural Defects.

	By the Authority	Other
Number of pupils known to have been treated at clinics or out-patient departments	531	-

Group 4 - Diseases of the Skin (Excluding Uncleanliness for which see Table II)

	Number of cases treated or under treatment during the year by the Authority
Ringworm	
(i) Scalp	2
(ii) Body	19
Scabies	-
Impetigo	276
Other Skin Diseases	<u>1051</u>
Total	1348

Group 5 - Child Guidance Treatment

Number of children treated at Child
Guidance Clinics under arrangements
made by the Authority

42

Group 6 - Speech Therapy

Number of children treated by Speech
Therapist under arrangements made
by the Authority

90

Group 7 - Other Treatments Given

(a) Number of cases of miscellaneous
minor ailments treated by the
Authority

1926

(b) Pupils who received convalescent
treatment under School Health
Service arrangements

-

(c) Pupils who received B.C.G. Vaccination

557

(d) Other than (a) (b) and (c) above
specify

Breathing Exercises

447

Physiotherapy

814

Sunlight

808

TABLE V

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY
THE AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officers:-	
(a) at Periodic Inspections	5,276
(b) As Specials	1,283
Total (1)	6,559
(2) Number found to require treatment	5,235
{3} Number offered treatment	5,014
{4} Number actually treated	3,148
(5) Number of attendances made by pupils for treatment, <u>including</u> those recorded at heading 11(h) below	6,626
(6) Half-days devoted to:	
Periodic (School) Inspection	44
Treatment	1,028
Total (6)	1,072
(7) Fillings : Permanent Teeth	4,515
Temporary Teeth	49
Total (7)	4,564
(8) Number of teeth filled : Permanent Teeth	3,783
Temporary Teeth	49
Total (8)	3,832
(9) Extractions : Permanent Teeth	2,631
Temporary Teeth	3,215
Total (9)	5,846
(10) Administration of general anaesthetics for extraction	1,799
(11) Orthodontics :	
(a) New cases commenced	56
(b) Cases carried forward	15
(c) Cases completed	25
(d) Cases discontinued	7
(e) New pupils treated with appliances	27
(f) Removable appliances fitted	30
(g) Fixed appliances fitted	-
(h) Total attendances (orthodontic)	357
(12) Number of pupils supplied with artificial dentures	42
(13) Other Operations : Permanent Teeth	1,598
Temporary Teeth	2
Total (13)	1,600
(14) X-ray Cases	98

ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR AND
CLEANSING SUPERINTENDENT FOR THE YEAR ENDED
31ST DECEMBER, 1957

To the Mayor, Aldermen and Councillors
of the County Borough of Dudley.

Mr. Mayor, Ladies and Gentlemen,

It has been normal practice to include with the Annual Report a comprehensive section dealing with refuse collection and disposal. This will be omitted in this report, but the information will be submitted to you in a separate report.

The work of the Public Health Inspector is environmental. It concerns the people's homes, the factories and shops in which they work, the food they eat and drink, and the air they breathe. For one section of the community there is, however, no concern in one important sphere. I refer to offices in which so many people now work. Consideration of reasonable standards for office workers has been in the minds of legislators but with no practical effect, as yet. It is a need long overdue.

People in industry and in their homes are showing more appreciation of the help and advice which can be readily forthcoming from the inspectorate. The extension of this awareness must be encouraged because problems and difficulties are usually capable of solution and certainly the solution is easier by co-operation than by compulsion.

The absence from this Report of records of court proceedings is a substantial pointer to the persuasive powers of the inspectors in carrying out duties which are often conflicting with the general ideas of owners of properties or occupiers of businesses. For my own part, I would thank the staff for the great efforts made during the year, and particularly to Mr. W. H. Bowman who, as my Deputy, has had to suffer gladly the many demands I have made upon him.

My especial thanks are due to Dr. R. M. Ross and to the Mayor, Chairman and Members of the Health Committee, from whom I could not have had greater support.

I am,

Ladies and Gentlemen,

Yours obediently

W. PARKER

Chief Public Health Inspector and
Cleansing Superintendent.

INSPECTION OF FOOD, SAMPLING OF AND SUPERVISION
OF FOOD PREMISES

The first tables in this section deal with the inspection of carcase meat. Much ado has been made in certain quarters about the need to improve the meat inspection services in this country. As far as Dudley is concerned there is, and has been for a very long time, a 100% inspection of all animals killed for human consumption. This is not done without considerable effort, especially with the rapidly increasing number of food animals killed at slaughterhouses in the Borough. Last year the total was 15,037, but for the year ended 31st December, 1957, it had risen to 21,363. The work is further hampered because of different hours of slaughter and the fact that the slaughterhouses are scattered.

A careful watch has been kept on the ever widening variety of pre-packed proprietary foods. There is still much to be done in the direction of the correct labelling of foodstuffs and a watchful eye must also be kept on the many advertisements calculated to catch the eye of the customer. Experience is showing also the danger of retailers holding stocks of pre-packed foods for too long a period. Undoubtedly this is one of the hazards to be faced as a result of the continuing introduction of new "lines" and new packs to attract the customer.

Great attention has been paid to food premises with very real results. Standards are still improving, which is another way of saying that there is still much to be done.

INSPECTION OF MEAT

The following table gives particulars of carcases and organs unfit for consumption and tabulates causes for condemnation.

Carcases inspected and condemned

	Cattle (ex. cows)	Cows	Calves	Sheep and lambs	Pigs	Horses
Number killed	1199	174	37	5724	14,229	Nil
Number inspected	1199	174	37	5724	14,229	Nil
<u>All diseases except</u> <u>Tuberculosis and</u> <u>Cysticerci</u>						
Whole carcases condemned	1	Nil	Nil	1	8	Nil
Carcases of which some part or organ was condemned	227	64	Nil	376	1272	Nil
% of the number inspected affected with disease other than tuberculosis and cysticerci	1%	36.7%	Nil	6.5%	8.9%	Nil
<u>Tuberculosis only</u>						
Whole carcases condemned	2	Nil	Nil	Nil	2	Nil
Carcases of which some part or organ was condemned	59	22	Nil	Nil	269	Nil
% of the number inspected affected with tuberculosis	5%	12.6%	Nil	Nil	1.9%	Nil
<u>Cysticercosis</u>						
Carcases of which some part or organ was condemned	1	Nil	Nil	Nil	Nil	Nil
Carcases submitted to treatment by refrigeration	3	Nil	Nil	Nil	Nil	Nil
Generalised and totally condemned	Nil	Nil	Nil	Nil	Nil	Nil

MEAT CONDEMNED

	Cows	Cattle	Calves	Sheep	Pigs	Total
Carcases	-	3	-	1	10	14
Livers	47	196	-	286	532	1061
Lungs	12	55	-	127	629	823
Plucks	-	-	-	20	212	232
Heads	14	35	-	-	292	341
Hearts	3	11	-	-	92	106
Kidneys	1	9	-	-	28	38
Hocks	-	-	-	-	18	18
Loins	-	-	-	-	3	3
Skirt	-	5	-	-	-	5
Flanks	1	-	-	-	-	1
Spleen	1	3	-	-	6	10
Collars	-	-	-	-	16	16
Udder	8	-	-	-	-	8
Rinds	-	-	-	-	2	2
Brisket	-	-	-	-	3	3
Fore Quarters	-	7	-	-	3	10
Stomachs and Intestines	-	-	-	-	7	7
Pleura	-	-	-	-	1	1
Peritoneum	-	-	-	-	1	1
Legs	-	-	-	-	4	4

DISEASES

	Cows lbs	Cattle lbs	Calves lbs	Sheep lbs	Pigs lbs	Total lbs
Tuberculosis	433	3667	-	-	3670	7770
Parasites	8	81	-	579	1286	1954
Pericarditis	-	3	-	-	90	93
Peritonitis	-	-	-	-	193	193
Mammitis	119	-	-	-	-	119
Abscess	143	392	-	5	223	763
Pleurisy	-	68	-	6	872	946
Congestion	-	-	-	-	198	198
Cysts	10	83	-	50	11	154
Pneumonia	-	-	-	-	509	509
Bruising	-	-	-	76	102	178
Cirrhosis	12	16	-	-	59	87
Hydro-Nephrosis	-	-	-	-	6	6
Angiomatosis	58	70	-	-	-	128
Distomatosis	283	1226	-	168	-	1677
Actinomycosis	25	130	-	-	-	155
Pyaemia	-	-	-	-	166	166
Tumours	10	16	-	-	3	29
Arthritis	-	-	-	-	15	15
Hydronephritis	-	-	-	-	3	3
Urticaria	-	-	-	-	20	20
Melanosis	20	4	-	-	-	24
C.Bcvis	-	32	-	-	-	32
Necrosis	10	-	-	-	-	10
Fatty Degeneration	-	-	-	-	3	3
Fatty Infiltration	-	-	-	-	22	22
Cloudy Swelling	-	-	-	-	18	18
Septic Pleurisy	-	-	-	-	100	100
Pyrexia	-	-	-	-	125	125
Septicaemia	-	394	-	-	-	394
Moribund	-	-	-	-	140	140

Total weight of meat condemned 7 tons 3 cwts 15 lbs.

Visits to slaughterhouses 1350
Butchers Shops 36

INSPECTION OF OTHER FOODS

During the year the District Inspectors made 187 visits to food premises for the purpose of food inspection, other than meat inspection.

The following foodstuffs were condemned:-

	Total
Bacon (lbs)	29 $\frac{3}{4}$
Beef (lbs)	130
Baked Beans (tins)	152
Cheese (lbs)	320 $\frac{1}{2}$
Cheese Spread (packets)	49
Chicken (tins)	4
Condensed Milk (tins)	11
Cream (tins)	21
Danish Butter (lbs)	93
Dried Fruit (lbs)	30
Evaporated Milk (tins)	282
Fish (tins)	542
Fruit (tins)	2,062
Fruit Juice (tins)	5
Jiffi-jelly (jars)	1
Meat (tins)	850
Meat Paste (jars)	1
Minced Chicken (jars)	1
Pickles (jars)	1
Pork Sausage (lbs)	7
Rice Pudding (tins)	24
Sago (tins)	24
Salad Cream (jars)	1
Sandwich Spread (jars)	1
Sausage (tins)	8
Soup (tins)	60
Spaghetti (tins)	17
Syrup (tins)	1
Tomatoes (tins)	1,715
Vegetables (tins)	429

Disposal of Condemned Food

Meat offals and tinned goods are disposed of by incineration at Lister Road Depot.

Carcase meat, after staining, is sold to a firm of fertiliser manufacturers.

SUPERVISION OF FOOD PREMISES

Food Premises - Classification under various trades.

Butchers	69
Grocers	218
Greengrocers	74
Cakes and Confectionery	24
Sweets	86
Fried Fish	32
Wet Fish	11
Multiple Stores	6
Cooked Meat	2
Restaurants, Cafes, Snack Bars	23
Licensed premises	204
Licensed clubs	30
Bakehouses	8
Canteens	40
Registered Ice Cream Premises	217

The following visits were made to food establishments during the year:-

General Food Shops	145
Food preparing premises subject to registration	292
Canteens	120
Restaurants	112
Fried Fish Shops	222
Butchers Shops	52
Licensed premises	233
Bakehouses	52
Mobile Food Vehicles	35

As a result of these visits 95 premises which were found to be not of the standard required by the Food Hygiene Regulations, 1955, were brought up to that standard.

Premises registered under Section 16 of the Food and Drugs Act, 1955.

13 premises are registered under Section 16(1)(b) of the Food and Drugs Act, 1955, and are classified as follows:-

Premises registered for the preparation or manufacture of sausages	1
Premises registered for the preparation or manufacture of potted, pickled or preserved food	4
Premises registered for the preparation or manufacture of sausages and potted, pickled or preserved food ...	8

217 premises are registered under Section 16(1)(b) of the Food and Drugs Act, 1955, and are classified as follows:-

Premises registered for the manufacture of ice cream...	5
Premises registered for the sale and storage of ice cream	212

During the year 250 visits were made by Inspectors to these premises for inspection purposes or for the acquiring of samples for bacteriological examination or for chemical analysis.

Inspections of ice cream manufacturing premises were made at frequent intervals during the year although manufacturing is almost invariably restricted to the summer months by local producers. Inspections include examination of temperature records from recording thermometers. Again it was found necessary to draw the attention of some producers to defective recording thermometers. The regular maintenance of these important pieces of apparatus is a routine which I commend to all ice cream manufacturers.

DAIRIES REGISTERED UNDER MILK AND DAIRIES REGULATIONS, 1949 - 1954

Five dairies are registered under the above Regulations, and of these only one is a milk processing dairy licensed for the processing of pasteurised milk by the "holder" process. The remaining four dairies are used solely for the storage of bottled milk awaiting distribution. Twenty nine visits were made to the processing dairy during the year, and inspections of the recording thermometer charts were made at regular intervals. All samples taken from the dairy satisfied the prescribed tests.

FOOD HYGIENE REGULATIONS, 1955

Inspections of the food premises under the above regulations continued during 1957, although the amount of time spent on these duties was curtailed by the demands of other more urgent work from time to time.

Many licensed premises have been brought up to the requisite standard with provision of wash hand basins in the bar servery areas where these do not adjoin rooms containing suitable facilities. New licensed premises are setting a high standard in structure and equipment though lack of vertical damp courses in beer cellars, with few exceptions, results in rapid deterioration of the internal surfaces. The use of sumps to receive floor drainage in beer cellars of new premises has also given rise to concern especially where float operated pumps necessitate open tops to these miniature cesspools (At least one type of float operated pump is available which does not require superstructure necessitating open tops, and this is in use in one new licensed premises in Dudley). The drainage of floors with falls to trapped gullies draining to sumps fitted with airtight inspection chambers appears to be the answer. Pumps for emptying should have their suction pipes brought through the side walls of the sump and suitable ventilation pipes brought out to the external air in a similar manner.

A great deal of work has been carried out by occupiers of bakehouses. In one large bakery the unsatisfactory condition of the underside of the asbestos-cement roofing sheets was drawn to the attention of the management and the whole of the roof was underdrawn with flat asbestos-cement sheets fixed by means of aluminium fixing strips. The ceiling provided is easy to clean and has the advantage of improving considerably the heat insulation of the structure. The importance of the Food Hygiene Regulations has been fully appreciated by the same Company, as the afternoon of each working day is devoted to the cleansing of internal surfaces and equipment. This procedure is highly commended and one which could well be adopted by other food manufacturers. Until people engaged in the handling of food realise that the observance of codes of practice based on the current legislation and good food hygiene standards is an essential part of the conduct of any food business, the role of inspectors will continue to be that of policemen. Too often occupiers of food establishments have to be compelled to carry out works to comply with regulations, and the accent is on enforcement rather than persuasion.

MILK SUPPLIES

Licences in force under the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949 were as follows:-

	Processors' Licences	Dealers' Licences	Supplementary Licences.
T.T.Pasteurised	7	10	4
Pasteurised		13	4
Sterilised	-	183	4

At the end of 1957 there were 186 milk distributors registered with the Local Authority.

The number of dairies registered under the Milk and Dairies Regulations at the end of 1957 was 27.

BACTERIOLOGICAL EXAMINATION OF MILK

	(a) Bacteriological content			(b) Phosphatase Test		(c) Turbidity Test	
	No. taken.	Methylene Blue Reduction Test		Satis- factory	Un- satisfactory	Satis- factory	Un- satisfactory
		Satis- factory	Unsatisfactory				
T.T.Pasteurised	41	41	-	41	-	-	-
Pasteurised	48	45	3	48	-	-	-
Sterilised	14	14	-	-	-	14	-
Tuberculin Tested	3	3	-	-	-	-	-
Totals	106	103	3	89	-	14	-

SAMPLING FOR CHEMICAL ANALYSIS

During the year 18 formal and 168 informal samples were taken and adverse reports were made on 25. Details of action taken are given below:-

Name of Article.	Results of Analysis	Remarks and action taken
Bread	Unsatisfactory. Contained dirty patches which consisted of dust admixed with a small amount of grease	Representations were made to the Bakers and satisfactory undertakings were given.
Cherry Linctus	Unsatisfactory. Low in chloroform content.	Matter taken up informally with Manufacturers.
Pork Sausage	Unsatisfactory. Contained 140 p.p.m. Sulphur Dioxide not declared.	Arrangements were made with the Manufacturer and the retailer for the declaration of preservative.
Tablets of Menthol B.P. and oil of Eucalyptus B.P.	Unsatisfactory. No ingredients stated on label.	The Health Committee decided to send warning letters.
Bios Brand Salt	Unsatisfactory. Incorrect declaration of ingredients.	Formal sample taken.
Ice Cream	Unsatisfactory. Ingredients stated in wrong order.	As a result of correspondence with the Manufacturers labels were amended.
Caldona Calcium Food	Unsatisfactory label. Calcium claimed but not stated in milligrams per ounce as required by the Labelling of Food Order, 1953.	As a consequence of correspondence with the Manufacturer the label was amended.
Gargle Mouthwash	Unsatisfactory label. Recommended as a medicine but no active ingredients listed.	Manufacturer was asked for an explanation.
Molasses	Unsatisfactory label.	As a consequence of correspondence with the Manufacturer the label was amended.

Name of Article	Result of Analysis	Remarks and action taken
Salt	Label incorrect.	Arrangements were made for amendments to the label.
Pork Sausage.	Unsatisfactory. Contained 190 parts per million sulphur dioxide not declared.	The Manufacturer and retailer were interviewed and the declaration of preservative was properly made.
Sickness Tablets	Unsatisfactory label.	Formal sample taken.
Airsea Travel Sickness Tablets	Unsatisfactory label and composition.	As a result of correspondence with the distributors it was found that this preparation was no longer being manufactured and as a consequence no further action was taken.
American Top Grade Bread.	Label incorrect.	Formal sample taken.
American Top Grade Bread.	Label incorrect.	Health Committee decided not to take any further action.
Blackcurrant Juice Syrup.	Deficient of 32% Vitamin C.	Formal sample taken. Found to be genuine.
Calomel tablets	Tablets showed excessive variation in weight.	Unable to take formal sample - out of stock.
Compound Tincture of Indian Bark.	Deficient of 90% spirit of chloroform.	Stock surrendered.
Hepovite.	Deficient of 30% protein.	There was no further stock and it was not possible to take a formal sample.
Irsvona Tonic tablets	Deficient of 30% Vitamin B1.	Formal sample taken.
Irsvona Tonic tablets	Contained 30 I.U Vitamin B1 per tablet instead of 60 as label.	Health Committee decided to send a warning letter to the Distributors, but it was not possible to trace their address.
Nasal Drops.	Deficient of 30% Chlorbutol.	Out of stock. Impossible to take formal sample.
B.P. Parrishs Food	Contained deposit adhering to the inside of the bottle.	Stock surrendered.
Steedman Powders	Powders showed excessive variation in weight.	Stock surrendered.
Synthetic Cream Powder	Contained an appreciable number of insect parts.	Stock surrendered.

The actual samples taken during the year were as follows:-

Commodity	In-formal	Formal	Commodity	In-formal	Formal
Airsea Travel			7-up	1	
Sickness tablets	1	1	Indian Bark	1	
Adrenaline Cream	1		Inhalent No.19.	1	
Adexolin Capsules	1		Instant icing	1	
Almond Marzipan	1		Irvona tonic tablets	1	1
American Top Grade			Istonil nasal drops	1	
Bread	1	1	Jamacian Rum	1	
Anti-fat tablets	1		Jubbly Orange	1	
Appleade	1		Jubilee Stout	1	
Ascorbic Acid Tablets	1		Jusoda	1	
Aspirin tablets B.P.	3		Kwells	1	
Bacon (streaky)	1		Kiddicalm	1	
Beef sausage	1		Lanerve	1	
Bios Brand Salt	1	1	Lemonade	2	
Blackcurrant Juice			Lemonade Powder	2	
Syrup	1	1	Limeade	1	
Brandy		1	Liver sausage	1	
Bread	1		Malt loaf (fruited)	1	
Brewers Yeast tablets	1		Margarine	3	
British Sherry	1		Marmola	1	
Bronx Bronchial tablets	1		Mendaco	1	
Bubble Gum	7		Milk	10	2
Caldona	1		Milk powder	1	
Calomel tablets	1		Minced chicken	1	
The Cakes (worms)	1		Molasses	1	
Cherry cobs	1		Nu-tru-lax	1	
Cherry Cough linctus	1		Orange drink	1	
Cherryade	1		Orangeade	1	
Childrens Cooling powder	1		Orange juice (special)	1	
Chlorobutel nasal drops	1		Parrishs Food	1	
Complexion tablets	1		Phosferine tonic wine		1
Compound tablets of			Pickled Cherkins	1	
Crobine B.P.	1		Polony	1	
Compound codeine tablets			Pork sausage		4
B.P.	2		Pork sausage meat	1	
Cooking fat	1		Pure malt vinegar	1	
Cornflour	1		Rich ruby wine	1	
Cough mixture	1		Rum		1
Cyclizine Hydrochloride	1		Salmon spread	1	
Cydapple	1		Sanatogen tonic wine		1
Cyphoids	1		Saveloys	1	
Dandelion and Burdock	2		Seidletz Powder B.P.	1	
Eastons Syrup B.P.	1		Self Raising Fleur	1	
Fluzo tablets	1		Sereen	1	
Frankfurter sausages	1		Sparkling Orange	1	
Froment	1		Sparkling Grapefruit	1	
Garmo Gargle mouthwash	1		Steedmans Powders	1	
Gelatine	1		Sunnyade	1	
Gees linctus	1		Synthetic Cream powder	1	
Gin		1	Tablets of menthol B.P. and		
Ginger wine		1	oil of Eucalyptus throat		
Grapefruit	1		pastilles	1	
Ground almonds	14		Tranquilex	1	
H.A.C.Coffee	1		Travel sickness tablets	2	
Halibut oil capsules	3		Travicalm	1	
Herb Formula	1		Vanilla Flavour	1	
Herbolite (vegetable salt)	1		Vikelp	1	
Hepovite	1		Vienna Sausages	1	
Ice Cream	13		Vimto	1	
Ice Cream Lollie	4		Vitamin stout	1	
Ice Lollie	5		Vitamin Tablets	1	
Ice cream soda	1		Whisky		1
Icing Sugar	1		Wholemeal 100% compost (whole wheat)		
			Yestamin(dried yeast)		
			brewers	1	

ICE CREAM AND ICED LOLLIPOPS

Samples of ice cream submitted to the Public Health Laboratory Service for the provisional grading tests were produced by five Manufacturers in Dudley and seven Manufacturers outside Dudley. 90% of the samples taken were placed in Provisional grades 1 and 2. The solitary Grade 3 result of a Dudley Producer was the result of a defective compressor motor which caused the temperature of an ageing mix to rise above the statutory limit of 45°F. The eleven unsatisfactory results from ice cream produced outside Dudley were all from one manufacturer.

ICE CREAM

Analysis of Results of Provisional Grading Tests

Where produced	No. of samples taken	Grade 1	Grade 2	Grade 3	Grade 4
In Dudley	29	17	11	1	-
Outside Dudley	80	69	-	4	7
Totals	109	86	11	5	7

Key:

Grade 1	-	Good	Grade 3	-	Poor
Grade 2	-	Fairly good.	Grade 4	-	Unsatisfactory

ICED LOLLIPOPS

Table showing Analysis of results of Bacteriological Examination

Number of samples taken and where produced	Colony count per c.c.										B. Coli			
	0	1	5	10	50-100	100-200	200-300	300-500	500-1,000	1,000-5,000	5,000-10,000	Over 10,000	Absent	Present Type 1.
Produced in Dudley- 8.	2	5	-	-	-	-	-	-	1	-	-	-	8	-
Produced outside Dudley. -96	7	34	14	7	6	1	4	4	3	3	3	10	92	4
Total	-104	9	39	14	7	6	1	4	4	1	3	3	10	100

3 of the 4 ice lollies where B.Coli Type 1 were found had colony counts reported as "uncountable". The remaining one sample had a colony count of 8,200.

ICED LOLLIPOPS

Iced Lollipops sampled for bacteriological examination were produced by three manufacturers in Dudley and ten manufacturers outside Dudley, and above is table setting out the analysis of the results.

In the absence of bacteriological standards, interpretation of results of the bacteriological examination of ice lollies must be based on the experience obtained from the analysis of results of ice lollie examination over a period of years. Generally speaking, ice lollies of the fruit juice variety if manufactured under laboratory controlled conditions, rarely have colony counts exceeding double figures. The majority do not exceed 50.

There is, however, a tendency for manufacturers to incorporate ice cream mix in some ice lollies, and to use substances other than fruit juices for flavouring. It may be that the increased p H, results in more favourable conditions for bacterial growth in ice lolly mixes of this nature, and results of the examination of lollies of the type are frequently unsatisfactory. The majority of lollies giving high colony counts were found to be those in this category.

All lollies having colony counts in excess of 200 with the exception of one were produced outside Dudley by two manufacturers. The lollies concerned were all unwrapped, and as will be seen from the table, 10, were reported as having colony counts that were "uncountable". Four of these had Type 1 coliform present.

A number of ice lollies known to contain ice cream or similar constituents were examined by the Provisional Grading method adopted for ice cream, and these results were included in the ice cream grading results.

With the variety of colours encountered in ice lollies to-day, the applications to these commodities of a test similar to the Provisional Grading test presents some difficulty, but I am of the opinion that some guidance should be given to authorities in the form of bacteriological standards which could be applied to all lollies. The application of a food standard regulation to lollies may help in this respect, and the compulsory wrapping of all lollies would be widely welcomed in public health services.

Foreign Bodies in Food

During 1957, the attention of the department was drawn to five cases of foreign bodies in food. A loaf contained dirty patches which proved to be dust admixed in a small amount of grease. Examination of the grease showed that part of it consisted of an oil giving the reactions of cottonseed oil. The manager of the bakery concerned, which happened to be outside the area of this authority, was interviewed and it was found that cottonseed oil was used as a lubricant in the bread bakery. A warning letter was sent to the Company.

Two mineral water bottles were submitted by a Medical Officer of the National Coal Board. One bottle had been opened and the Public Analyst reported that it contained a brown mould growth firmly attached to the bottom of the bottle. The mould did not appear to be developing actively and it was the opinion of the Public Analyst that the growth was present in the bottle when filled. The unopened bottle held a brown sediment which incorporated a mould growth similar in character to the mould in the opened bottle. In the second case the mould growth enclosed a small leaf. A visit to the bottling plant proved that contamination could have occurred at several points. The bottle washing plant was out of date and the operation of the same was also open to question. No facilities were provided for the inspection of cleansed bottles and these were stored for longer periods than necessary in crates which were none too clean. The management of the plant agreed, following an inspection of the plant, to cease the production and bottling of mineral water immediately.

An apricot flan, produced at a bakery in the Dudley area, was found to contain a dead mosquito. An inspection of the bakery concerned revealed no evidence of local mosquito activity and the premises were being treated at regular intervals by a pest control company and dead insects following a recent treatment, were found at various points in the baking room. Dead insects were found on a window ledge in the immediate vicinity of the hopper of a machine used for comminuting apricots for the use in apricot flans, and this may have been the source of contamination. The Directors of the Company concerned were interviewed and an intensified cleaning-up campaign began immediately. Since this incident the bakery has set a high standard of cleanliness of equipment and premises.

A currant loaf sold at a cake shop in Dudley and produced at a modern bakery outside Dudley was found to contain an adhesive finger dressing. Representatives of the bakery concerned were called to inspect the loaf and later they reported that the hands of each member of the staff employed in the Department were examined and that no signs of cuts or abrasions necessitating the wearing of a dressing were discovered. A letter of apology was submitted to the Health Committee and it was decided to send a warning letter to the Company concerned.

A bottle of stout produced in Dudley was submitted to the Public Analyst and he reported that the brownish mass held in the bottom of the bottle measuring approximately 2" in diameter by $\frac{1}{4}$ " was microbiological in origin consisting essentially of a zoogelous mass composed of bacteria, together with some yeasts and moulds. The general shape of the mass followed that of the bottom of the bottle. A visit to the bottling plant was made and the bottle cleansing process inspected. The washing was carried out on a modern washing plant equipped with inspection ports for the regular testing of the efficiency of the machine. On removal from the washing machines the bottles were subjected to inspection by inverting them three at a time in front of a fluorescent light fitting. This process was thought to involve unnecessary lifting and the position of the light was altered to facilitate inspection. In addition, it was suggested that a proper inspection point should be introduced between washer and filler. The suggestion was immediately taken up by the Brewery Company, and the necessary fittings for installation were ordered. Whilst it is not possible to carry out the inspection of the filled bottles by reason of the nature of the commodity being bottled, additional lighting was also installed at the filling point. The Health Committee decided to send a warning letter as this was the first occasion a complaint had been received about products from this Company.

H O U S I N G

The year under review has yielded the highest percentage of lettings to families from unfit houses during the post-war period. Continuation at this level would ease the present difficult situation. Although such good progress has been made there are, at the moment, 396 houses actually condemned but still occupied, whilst a great number of other families are living in houses which ought to be condemned, but have not yet been so dealt with.

Many owners of these houses are faced with repair bills, knowing full well that the cost is uneconomic. Tenants are living in conditions which were considered as grossly sub-standard thirty years ago. There is no satisfaction to any one in circumstances such as these and, therefore, it is extremely pleasing to be able to draw attention to this record year.

Among the many sections in the Housing Act are those giving Local Authorities the responsibility of ensuring that rented houses, not intended for clearance are kept in a reasonable state of repair. Very little action is being taken under these sections, and this may result in much deterioration.

During 1957 determined action was taken in respect of six houses, and I was authorised to arrange for the works of repair to be executed in default. There was little enthusiasm from local contractors who were asked to tender, but eventually a contract was entered into and the repairs were carried out at a cost of £698.18s. If the requirements of the Housing Act in respect of repairs was rigorously enforced large sums of money would have to be laid out. To refrain from accepting this responsibility may lead to serious disrepair on a fairly wide scale and would only result in an added financial burden. This is something which must receive the attention of the Authority in the not too distant future.

It would be an omission to refrain from mention of the Rent Act, 1957, in any comments upon housing. This further piece of legislation saw the light of day this year. It is difficult to say what effect it has had on Dudley. Very few enquiries have been made at the office, and only 20 applications were received for certificates of disrepair. These resulted in the service of 19 notices to owners of intention to issue such certificates, but finally only 12 certificates of disrepair were issued.

HOUSING PROGRESS - 1st JULY, 1945 to 31st DECEMBER, 1957.

TABLE 1.

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	Total
Demolition Orders made	-	15	20	34	110	57	10	41	118	43	52	36	100	636
Closing Orders made	-	-	-	1	1	3	-	3	-	4	5	2	8	27
Houses confirmed in clearance areas	-	-	63	102	-	-	-	-	429	-	-	111	599	1304
Houses demolished Section 11	18	34	19	34	30	88	57	57	46	71	35	42	120	651
Houses demolished Clearance Areas	-	90	11	104	44	35	22	6	3	102	86	105	101	709
Rehousing Section 11	3	17	18	52	57	88	37	34	68	60	74	69	122	699
Rehousing slum clearance areas etc	-	8	39	112	15	3	2	2	41	184	139	119	197	861
Notice of Acquisition served under Sec. 3. Housing Repairs and Rents Act, 1954	-	-	-	-	-	-	-	-	-	-	-	50	13	63

TABLE 11

The following table shows the number of lettings to families from unfit houses compared with the total available lettings throughout the year:-

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Families rehoused from houses affected by demolition or closing orders.	3	17	18	52	57	88	37	34	68	60	74	69	122
Families rehoused from clearance areas	-	8	39	112	15	3	2	2	41	184	139	119	197
Total	3	25	57	164	72	91	39	36	109	244	213	183	319
Total available lettings	39	204	195	520	444	272	358	445	389	462	380	464	419
Let to families from unfit houses.	7.9	12.2	29.2	31.5	16.2	33.5	11.7	8.0	28.0	52.7	56.0	40.5	76.1

REHOUSING

The following cases from the Department's lists were rehoused:-

No. of cases rehoused because of Tuberculosis	6
No. of cases rehoused because of special health features..	2
No. of families rehoused from houses on which a Demolition Order or Closing Order was operative	122
No. of families rehoused from Clearance Areas	197

The following table of available lettings has been provided by the Housing Manager.

Available lettings during 1957

<u>New</u>	<u>Re-lets</u>
Flats	9
Bungalows	18
Houses	241
<u>268</u>	<u>151</u>
Post-war houses	32
Pre-war houses	63
Post-war flats	29
Pre-war flats	7
Post-war Bungalows	3
Pre-war Bungalows	4
Pre-fabs	8
Odd properties (houses)	3
" " (flats)	2

Total..... 419. Mutual exchanges are not included.

The total number of visits made for housing purposes during the year was 1279.

SANITARY ADMINISTRATION

Particulars of Inspections

Routine work continued under the Public Health Act, 1936, and during the year 1,025 inspections and 2,130 re-inspections were made.

The number of preliminary notices served was 185 and the number complied with was 76. Statutory Notices served numbered 109 and 109 notices were complied with.

The following were some of the more important defects remedied:-

House roofs	93
Eavesgutters and rainwater pipes	37
Floors	24
Staircases	12
Plasterwork	95
Windows: Woodwork	38
Sashcords	44
Firegrates	8
Outbuildings	44
Closets	51
Drainage systems	37

DOMESTIC WATER SUPPLY

No. of premises (excluding Council houses) having a private water supply (estimated)	8,800
No. of Council Houses	8,508
No. of premises having common water supplies (estimated)...	1,000

FACTORIES

The number of Factories inspected was 93 and in addition 152 re-visits were made. 8 informal notices were served.

The following table gives an indication of unsatisfactory conditions found in factories during the year.

Contraventions	Found	Remedied	Referred to H.M.Inspector	Referred by H.M.Inspector
Want of Cleanliness	-	-	-	-
Overcrowding	-	-	-	-
Unreasonable temperature	-	-	-	-
Inadequate ventilation	-	-	-	-
Ineffective drainage of floors	-	-	-	-
Sanitary conveniences-				
(a) Insufficient	6	6	-	-
(b) Unsuitable or defective	2	2	-	1
(c) not separate for sexes	-	-	-	-

OUTWORKERS

(a) No. of lists received from employers	14
(b) No. of employers involved	14
(c) Outworkers involved	24
(d) No. of outworkers living outside Borough	14
(e) No. of districts in (d)	4
(f) No. of lists received from outside Authorities	2
(g) No. of outworkers involved	80

INFECTIOUS DISEASE

The investigation of notified cases of infectious diseases continued as usual and the District Inspectors made 74 visits in connection therewith.

Paratyphoid B

It was reported in February by the Health Department of the Brierley Hill Urban District Council that two children residing in their area had contracted Paratyphoid B after falling into a canal basin known as The Wallows situated near the Harts Hill boundary. Samples of canal water taken from the basin and from the canal arm communicating with the basin revealed that it was infected with the same organism. The canal arm in question extends into Dudley. At the Canal Street Bridge and at the junction of Stourbridge Road and Canal Street, overflows from foul sewers discharged into the canal arm in times of storm. It was assumed therefore, that the source of infection was one or both of these overflows.

On Friday, 1st March, the canal arm and the Wallows basin were treated by dosing with 1,500 gallons of Hypochlorite. Immediately following the discharge the Dudley Fire Brigade endeavoured to mix the hypochlorite by drawing canal water from the points of discharge and returning the water to the canal by means of hoses to points where it had not been possible to discharge hypochlorite. The treatment, whilst giving satisfactory results in some parts of the canal, as evidenced by the tests for residual chlorine which followed the treatment, was not satisfactory throughout the length of the arm. The factors affecting this were many, but the amount of vegetation in some parts of the arm probably resulted in a rapid assimilation of the free chlorine.

Swabs inserted in the sewers affected were submitted to the Public Health Laboratory Service who reported that the sewer at the Canal Street Bridge was infected with Paratyphoid B. Attempts were then begun to investigate the source of the Paratyphoid B in the sewer and over a long period of time swabs were immersed in the sewer flow at manholes in the length of sewer between the Canal Street Bridge and the head of the sewer at Holly Hall Church. No satisfactory conclusion was reached although a positive result was obtained at the head of the sewer at the end of March. The only point draining into the head of the sewer is the public sanitary convenience block at Highgate Road.

An immediate survey of all watercourses and canals resulted in the discovery that at several points water courses are frequently and heavily polluted by sewage. This pollution occurs during times of rain and on occasion during dry weather, from the sewers of the Upper Stour Valley Main Sewerage Board. Consultation with the Board resulted in attention being given to some overflows resulting in lessened contamination, but at no point has this unsatisfactory state of affairs been properly remedied. It appears that nothing short of major reconstruction works will remove the risk of infection from this source. Observations of these overflows has demanded much of Inspector's time during the past year, and a total of 853 visits were made in connection with survey and observations, together with 65 visits to the Harts Hill area on swabbing and routine check visits to the overflow points.

Overflow from the Harts Hill sewer to the canal only rarely occurs as a result of the removal of the screens at the Canal Street Bridge, but to guarantee elimination of contamination of the canal arm, a duplicate sewer is planned.

SANITARY ACCOMMODATION	1957	1956
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No. of houses and other premises (estimated)	19,886	19,491
No. of houses and other premises served by W.C's draining into public sewers	19,707	19,312
No. of houses and other premises served by ashbins...	19,886	19,491
No. of privies in the Borough	Nil	Nil
No. of cesspools in the Borough	104	98
No. of pail closets in the Borough	72	76
Particulars of conversions from conservancy system during the year	1957	1956
Privies converted to W.C's	Nil	Nil
Pails converted to W.C's	Nil	Nil
Privies and pails abolished by demolition of dwellinghouses	4	Nil
Privies converted to pails	Nil	Nil

RODENT CONTROL

1,119 visits were made to premises in connection with rodent control during the year.

DISINFECTION AND DISINFESTATION SERVICE

Fumigation and Removal Service:-

No. of houses treated with HCN:-

Corporation	Nil
Private	Nil
No. of rooms involved	Nil
No. of household furniture removals for which HCN treatment was given	15

Houses treated with insecticide:-

Corporation	38
Private	15

No. of rooms involved:-

Corporation	59
Private	30

No. of houses disinfected after Infectious Disease	7
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No. of rooms involved	21
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No. of visits to tips re crickets	27
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No. of library books disinfected	10
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Articles disinfected and destroyed:-

	Disinfected	Destroyed.
Mattresses	9	4
Pillows	45	5
Bolsters	20	-
Sheets	34	1
Blankets	128	3
Overlays	28	11
Coats	-	1
Sundries	<u>35</u>	<u>7</u>
	<u>299</u>	<u>32</u>

AIR POLLUTION

The general tempo of routine work in this field has again increased considerably in spite of the fact that it was up to a point, a year of "marking time", awaiting the coming into operation of the remaining provisions contained in the Clean Air Act, 1956. This period has been usefully employed in educational work and discussions have taken place between factory management and ourselves on the interpretation and implications of the Clean Air Act, in anticipation of the coming into operation of the remaining provisions of the Act.

Smoke Control Areas

Building work on the Russells Hall Estate is now well under way and lettings should be available in the not too distant future. Any interim time period between houses being let and the Smoke Control Area Order becoming operative will be covered by the terms of a tenancy agreement which must be signed by all in-going tenants.

Work on the second Area designated by the Council has been suspended for the time being, due to the credit squeeze, but it is hoped that further progress may be made in the near future.

The urgent necessity has again been felt for immediate and intensive research to be carried out at national level, into the problems arising from the carrying out of certain industrial processes hitherto exempted under the Public Health Act, 1936.

Statistics

No. of smoke observations taken	237
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Aggregate emissions were as follows:-

Black smoke	284½ minutes
Dense smoke	768½ minutes
Light smoke	1,472½ minutes

This gives an average emission per 30 minute observation as follows:-

Black smoke	0.12 minutes
Dense smoke	3.24 minutes
Light smoke	6.21 minutes

Premises visited or re-visited re smoke emission	26
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Visits re Clean Air Act	78
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Conversions to oil firing	1
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Improvement effected due to improved firing methods and/or minor repairs or improvements to plant	10
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MISCELLANEOUS

SHOPS

It was not possible during the year to carry out routine inspection of shops under the provisions of the Shops Act, 1950 and action had to be limited to complaints.

SLAUGHTER OF ANIMALS ACT,

The number of licensed slaughtermen at the end of the year was 24.

PHARMACY AND POISONS ACT, 1933.

No applications for entry on the poisons list were made.

FERTILISERS AND FEEDINGSTUFFS ACT, 1926

7 samples of fertilisers and 4 samples of feeding stuffs were taken during the year. One sample of fertiliser had minor variations from the guaranteed analysis.

MERCHANDISE MARKS ACT.

Requirements as to indication of origin were not always fully observed, but verbal warnings to traders had the desired effect.

CARAVANS

It was necessary to make 357 visits to caravan dwellers during the year. The length of stay was limited to a few days at the most in all cases, but a considerable amount of time had to be spent in enforced removals.

RAG FLOCK AND OTHER FILLINGS MATERIALS ACT, 1951

One sample was taken under this Act during the year and this proved to be satisfactory.

PET ANIMALS ACT, 1951

Four premises are licensed under this enactment.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

AT 31st DECEMBER, 1957

Medical Officer of Health:

R. M. Ross, M.B., Ch.B., D.P.H.

Senior Assistant Medical Officer of Health:

M. Kerrigan, M.B., B.Ch. B.A.O., D.P.H.

Assistant Medical Officers of Health:

*B. N. Williams, M.B., Ch.B.

K. Lumb, M.B., Ch.B., D.Obst.R.C.O.G., D.C.H.

Consulting Gynaecologist:

*F. Selby Tait, M.B., Ch.B., F.R.C.S.

Consulting Ophthalmologist:

*L.H.G. Moore, M.B., Ch.B., D.O.M.S.

Consulting Ear, Nose and Throat Surgeon:

*W. K. Hamilton, M.B., F.R.C.S.

Speech Therapist :

*Mrs. N. W. Brooke

Chief Dental Officer:

D. M. Parsons, L.D.S.

Dental Officer:

Mrs. J. P. McEwan, L.D.S.

Chief Public Health Inspector and Cleansing Superintendent:

+W. Parker, M.R.S.H., M.A.P.H.I., Cert. S.I.B.

Deputy Chief Public Health Inspector:

+W. H. Bowman, M.R.S.H., M.A.P.H.I., Cert. S.I.B.

District Public Health Inspectors:

+H. E. Hancox, M.A.P.H.I., Cert. S.I.B.

+J. R. W. Dodd, M.A.P.H.I., Cert. S.I.B.

+B. R. Beaumont, M.A.P.H.I., Cert. S.I.B., Cert. Smoke Insp.

+E. A. Siggers, M.R.S.H., M.A.P.H.I., Cert. S.I.B., Cert. Smoke Insp.

Inspector in Charge of Food Preparing Premises:

+F. L. Jones, M.A.P.H.I., Cert. S.I.B.

Additional Public Health Inspectors:

+G. Brownsword, M.A.P.H.I., Cert. S.I.B.

+D. Clarke, M.A.P.H.I., Cert. S.I.B.

Assistant Cleansing Superintendent:

G. Thomas, M.A.P.H.I., M.Inst. P.C., Cert. S.I.B.

Assistant Public Health Inspector:

N. Briggs, Cert. S.I.B.

Pupil Public Health Inspectors:

D. B. Sutherland

J. T. Cope

Non-Medical Supervisor of Midwives:

Miss B. A. Dryhurst, S.R.N., S.C.M., M.T.D., H.V., S.R.M.N., R.M.P.A.

Superintendent Health Visitor:

Miss W. H. Bennett, S.R.N., S.C.M., H.V.'s Cert.

Health Visitors/School Nurses:

Miss V. J. Coulter, S.R.N., H.V.'s Cert.
Mrs. M. W. Browne, S.R.N., S.C.M., H.V.'s Cert.
Miss N. Homer, S.R.N., S.C.M., H.V.'s Cert.
Mrs. M. C. Perry, S.R.N., S.C.M., H.V.'s Cert.
*Mrs. E. Aston, S.R.N., S.C.M., H.V.'s Cert.
Mrs. E. E. Turner, S.R.N., S.C.M., H.V.'s Cert.
*Mrs. M. Gwynnell, S.R.N., S.C.M., (Part I) H.V.'s Cert.
Mrs. J. M. Cox, S.R.N., S.C.M., C.C.C.C., H.V.'s Cert.
*Mrs. M. J. Astley, S.R.N., S.C.M., H.V.'s Cert.

Clinic Nurses:

Mrs. L. Edwards, S.R.N.
*Mrs. D. A. Beech, S.R.N., S.C.M. (Part I)
Mrs. M. F. Bridges, S.R.N., S.C.M.
Mrs. M. McHugh, S.R.N., S.C.M.

Nursing Assistant:

Mrs. E. H. Taylor,

Municipal Midwives:

Mrs. A. Arnold, S.R.N., S.C.M.
Mrs. E. Bailey, S.R.N., S.C.M.
Mrs. E. A. Beeston, S.R.N., S.C.M.
Miss E. F. Brightman, S.R.N., S.C.M.
Miss E. Brown, S.C.M.
Mrs. C. M. Cody, S.R.N., S.C.M.
Mrs. M. Plant, S.C.M.
Mrs. N. J. Raybould, S.R.N., S.C.M.

Dental Attendants:

Mrs. E. M. Smith, S.E.A.N.
Mrs. I. H. Robinson, S.E.A.N.
Mrs. J. Durham, S.E.A.N.

Clerical Staff:

H. D. Parsons, Administrative Assistant
K. Rawlings, Senior Clerk

General Health:

Miss I. Richards
Miss B. R. Branston
W. W. Guise
Mrs. I. Pritchard
Miss D. Simcox

Welfare Foods Distribution:

*Mrs. G. Crew
*Mrs. I. Lewis

Sanitary Section:

Mrs. M. Bennett
Mrs. M. Parkes
Miss B. Underwood
G. W. Thomas

School Health Section:

R. Woolley, Senior Clerk
Miss M. Mayer
Mrs. O. Baker
Miss M. Tuck
Miss P. Dodd
Miss M. Bowen
Mrs. A. Gwilliam

Welfare Section:

Mrs. E. J. Nurse

Deputy Chief Welfare Officer:

G. T. Meredith

Welfare Assistant:

E. E. Dent

Occupational Therapist/Handicrafts Instructor:

Mrs. M. M. Ashen

Matron - "Albert House":

Miss M. I. McLennan

Assistant Matron - "Albert House":

Miss E. Johnson

Matron - "The Woodlands":

Miss M. Radcliffe

Assistant Matron - "The Woodlands":

Mrs. A. Leishman

Mental Health Officer:

T. Tangney

Occupation Centre Supervisor:

Mrs. I. M. Cooper

Occupation Centre Assistants:

Miss B. F. Lloyd

Miss P. H. Kear

Miss M. Robinson

*Part-time

+Certificate of the Royal Society of Health - Inspector of Meat and Other Foods.

